| Fill in this information to identify your case: |  |                                    |
|---|--|------------------------------------|
| United States Bankruptcy Court for the :        |  |                                    |
| NORTHERN District ofILLINOIS(State)             |  |                                    |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

### **Official Form 101**

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pari | Identify Yourself   |                            |   |
|------|---|----------------------------|---|
|      |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.   | Your full name  |                            |   |
|      | Write the name that is on your government-issued picture            | Jessica<br>First name      | First name                                    |
|      | identification (for example, your driver's license or               | Michelle                   | I ist fame                                    |
|      | passport).  | Middle name                | Middle name                                   |
|      | Bring your picture identification to your meeting with the trustee. | Berry Last name            | Last name                                     |
|      | with the trustee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2.   | All other names you   |                            |   |
|      | have used in the last 8 years                                       | First name                 | First name                                    |
|      | Include your married or maiden names.                               | Middle name                | Middle name                                   |
|      |   | Last name                  | Last name                                     |
|      |   | First name                 | First name                                    |
|      |   | Middle name                | Middle name                                   |
|      |   | Last name                  | Last name                                     |
|      | Only the last 4 digits of your Social Security                      | xxx - xx - <u>3392</u>     | xxx - xx                                      |
|      | number or federal<br>Individual Taxpayer                            | OR                         | OR  |
|      | Identification number   | <b>9</b> xx - xx           | 9xx - xx                                      |

Entered 08/23/18 15:11:36 Filed 08/23/18 Case 18-23852 Doc 1 Desc Main Page 2 of 57

Document Berry Jessica Michelle Debtor 1 Case Number (if known)

|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name  Business name  EIN  EIN   | Business name  Business name  EIN  EIN   |
| 5. | Where you live   | 918 Thomas Ave. Number Street  | If Debtor 2 lives at a different address:  Number Street   |
|    |  | Unit 1  Forest Park IL 60130 City State ZIP Code  COOK County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  P.O. Box  City State ZIP Code | City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.  Number Street  P.O. Box  City State ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy.   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408                                    |

Entered 08/23/18 15:11:36 Filed 08/23/18 Case 18-23852 Doc 1 Desc Main Page 3 of 57

Debtor 1

Document Berry Jessica Michelle Case Number (if known)

| Pa  | Tell the Court About You  | ur Bankruptcy Case  |
|-----|---|---|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12  Chapter 13  |
| 8.  | How you will pay the fee  | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).</li> <li>I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the</li> </ul> |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.  No  Yes. District None When Case Number MM / DD / YYYY  District None When Case Number MM / DD / YYYYY  District When Case Number MM / DD / YYYYY   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No    Yes. Debtor Relationship to you District When Case Number, if known    Debtor Relationship to you District When Case Number, if known   MM / DD / YYYY  |
| 11. | Do you rent your residence?   | <ul> <li>No. Go to line 12</li> <li>Yes. Has your landlord obtained an eviction judgment against you?</li> <li>No. Go to line 12.</li> <li>Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>  |

Entered 08/23/18 15:11:36 Filed 08/23/18 Case 18-23852 Desc Main Doc 1 Page 4 of 57

Document Berry Jessica Michelle Debtor 1 Case Number (if known)

| Name of business, if any  Name of business,  | <ol> <li>Are you a sole proprietor<br/>of any full- or part-time<br/>business?</li> <li>A sole proprietorship is a</li> </ol> | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of  | business                   |                      |               |      |
|--|---|-----------------|--|----------------------------|----------------------|---------------|------|
| Number   Street   Number   N   | business you operate as an individual, and is not a separate legal entity such as   |                 | Name of business, if any   |                            |                      |               |      |
| Check the appropriate box to describe your business:    Health Care Business (as defined in 11 U.S.C. § 101(27A))   Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   Stockbroker (as defined in 11 U.S.C. § 101(53A))   Commodity Broker (as defined in 11 U.S.C. § 101(69))   None of the above    None of the above   None of the above   | LLC. If you have more than one sole proprietorship, use a separate sheed and attach it  |                 | Number Street  |                            |                      |               |      |
| Health Care Business (as defined in 11 U.S.C. § 101(27A))   Single Asset Real Estate (as defined in 11 U.S.C. § 101(61B))   Stockbroker (as defined in 11 U.S.C. § 101(63A))   Commodity Broker (as defined in 11 U.S.C. § 101(6))   Nane of the above    If you are filling under Chapter 11, the court must know whether you are a small business debtor, you must attach your most rebalances beset, statement of operations, cash-flow statement, and federal income tax return or if any of th documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).   No.   I am not filling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   What is the hazard?   If immediate attention   Yes. What is the hazard?   If immediate attention   Yes. What is the hazard?   If immediate attention   Yes. What is the property   Number   Street   Number    |   |                 | City   |                            |                      | State Zip Cod | le   |
| Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   Stockbroker (as defined in 11 U.S.C. § 101(63A))   Commodity Broker (as defined in 11 U.S.C. § 101(69))   None of the above   If you are filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor. Yes addition of small business debtor. See 11 U.S.C. § 101(51D).   No.   I am filing under Chapter 11.   In the court must know whether you are a small business debtor, you must attach your most rebalances sheet, statement of operations, cash-flow statement, and federal income tax return or if any of the documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).   No.   I am filing under Chapter 11.   In the sharkruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.      |   |                 | Check the appropriate  | box to describe your bu    | siness:              |               |      |
| Stockbroker (as defined in 11 U.S.C. § 101(53A))   Commodity Broker (as defined in 11 U.S.C. § 101(6))   None of the above   |   |                 | ☐ Health Care Bus  | iness (as defined in 11 U  | .S.C. § 101(27A))    |               |      |
| Commodity Broker (as defined in 11 U.S.C. § 101(6))   None of the above    None of the above   None of the above   |   |                 | ☐ Single Asset Re  | al Estate (as defined in 1 | 1 U.S.C. § 101(51B)) |               |      |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor you must attach your most re balance shedy sate befor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  No. I am not filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  The Bankruptcy Code.  Seport If You own or Have Any Hazardous Property or Any Property That Needs Immediate Attention  No.  What is the hazard?  If you are filing under Chapter 11, the court must know whether you are a small business debtor you must attach your most re balance sheet, statement, and feeral income tax return or if any of the documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  The Bankruptcy Code.  Yes. What is the hazard?  If you are filing under Chapter 11, the court must know whether you are a small business debtor some tax return or if any of the documents of the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. What is the hazard?  If you are filing under Chapter 11, the court must know whether you are a small business debtor according to that the plant of the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. What is the hazard?  If you are filing under Chapter 11, the court must know whether you are a small business debtor according to the definition in the Bankruptcy Code.  No. I am not filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  If you are filing under Chapter 11, but I am NOT a small business debtor according to the definition i |   |                 | ☐ Stockbroker (as  | defined in 11 U.S.C. § 10  | 01(53A))             |               |      |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor, so mall business debtor, see 11 U.S.C. § 101(51D).  If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most re balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of the documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. 1 am not filing under Chapter 11.  No. 1 am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  Part 4:  Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention  No.  Yes. What is the hazard?  If immediate attention is needed, why is it needed?    Where is the property?   |   |                 | ☐ Commodity Brok   | er (as defined in 11 U.S.  | C. § 101(6))         |               |      |
| Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  No. I am not filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  Yes. What is the hazard?  If immediate attention is needed, why is it needed?  Where is the property?  Number Street   |   |                 | ☐ None of the abo  | ve                         |                      |               |      |
| In Do you own or have any property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety?  Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?  Number Street  | business debtor, see  | ☐ No.           | am filing under Chapte<br>the Bankruptcy Code.<br>I am filing under Chapte | r 11, but I am NOT a sma   |                      | -             |      |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety?  Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?  Number Street  | Part 4: Report if You Own or Ha   | ve Any Hazard   | lous Property or Any Pro   | perty That Needs Immedia   | ate Attention        |               |      |
| property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety?  Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?  Number Street  |   | <b>.</b>        |  |                            |                      |               |      |
| public health or safety?  Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?  Number Street   | property that poses or is alleged to pose a threat  | _               | What is the hazard?  |                            |                      |               |      |
| If immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?  Number Street  | public health or safety?<br>Or do you own any   |                 |  |                            |                      |               |      |
| Where is the property?  Number Street  | immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building                   |                 | If immediate attention is  | s needed, why is it neede  | d?                   |               |      |
| Number Street  | tnat needs urgent repairs?  |                 |  |                            |                      |               |      |
| Other 700 G  |   |                 | Where is the property?   |                            |                      |               |      |
| Ott. 7ID C   |   |                 |  |                            |                      |               |      |
| CITY State ZIP C   |   |                 |  | City                       | <del></del> ,        | State ZIP     | Code |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Page 5 of 57

Debtor 1

Document

certificate of completion.

Jessica Michelle

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:     | About Debtor 2 (Spouse Only in a Joint Case): |
|---------------------|---|
| You must check one: | You must check one:                           |

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

| days.       |  |
|-------------|--|
|             | ed to receive a briefing about ing because of:   |
| Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.               |
| Disability. | My physical disability causes me<br>to be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I |

reasonably tried to do so. Active duty. I am currently on active military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing ab | out |
|--|-----|
| credit counseling because of:              |     |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

duty in a military combat zone.

Entered 08/23/18 15:11:36 Desc Main Filed 08/23/18 Case 18-23852 Doc 1

Jessica Michelle Debtor 1

Document Berry

Page 6 of 57 Case Number (if known)

| Pa  | rt 6: Answer These Questions   | i for Reporting Purposes                      |   |  |
|-----|--|---|---|--|
| 16. | What kind of debts do you have?  |   | consumer debts? Consumer debts are det<br>primarily for a personal, family, or household p                    | - · · · · · · · · · · · · · · · · · · ·                      |
|     |  |   | business debts? Business debts are debts strengthen to through the operation of the business                  | -  |
|     |  | No. Go to line 16c.                           | strient of through the operation of the busines   | os of investment.  |
|     |  | Yes. Go to line 17.                           |   |  |
|     |  | 16c. State the type of debts you or           | we that are not consumer debts or business d  | lebts.   |
| 17. | Are you filing under   | No. I am not filing under Ch                  | napter 7. Go to line 18.  | <del></del>  |
|     | Chapter 7?   | Yes Lam filing under Chapte                   | er 7. Do you estimate that after any exempt p   | roperty is excluded and                                      |
|     | Do you estimate that after any exempt property is  |   | s are paid that funds will be available to distrib  |  |
|     | excluded and   | No.   |   |  |
|     | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ∏Yes.   |   |  |
| 18. | How many creditors do  | 1-49  | 1,000-5,000   | 25,001-50,000  |
|     | you estimate that you  | □ 50-99<br>□                                  | <u>5,001-10,000</u>   | <u> </u>   |
|     | owe?   | ☐ 100-199<br>☐ 200-999                        | 10,001-25,000   | ☐ More than 100,000  |
| 19. | How much do you  | \$0-\$50,000                                  | ☐ \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                                   |
|     | estimate your assets to  | \$50,001-\$100,000                            | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                                 |
|     | be worth?  | \$100,001-\$500,000                           | □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million  | \$10,000,000,001-\$50 billion                                |
| _   |  | \$500,001-\$1 million                         |   | More than \$50 billion                                       |
| 20. | How much do you  | \$0-\$50,000<br>\$50,001,6100,000             | \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                                   |
|     | estimate your liabilities to be?   | □ \$50,001-\$100,000<br>□ \$100,001-\$500,000 | ☐ \$10,000,001-\$50 million<br>☐ \$50,000,001-\$100 million   | □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion |
|     |  | □ \$500,001-\$1 million                       | \$100,000,001-\$500 million   | ☐ More than \$50 billion                                     |
| Pa  | rt 7: Sign Below   |   |   |  |
| For | you  | I have examined this petition, and I correct. | I declare under penalty of perjury that the info  | rmation provided is true and                                 |
|     |  |   | ter 7, I am aware that I may proceed, if eligible nderstand the relief available under each chap              |  |
|     |  | • •   | did not pay or agree to pay someone who is nd read the notice required by 11 U.S.C. § 342(                    | •  |
|     |  | I request relief in accordance with f         | the chapter of title 11, United States Code, sp   | ecified in this petition.                                    |
|     |  |   | nent, concealing property, or obtaining money<br>in fines up to \$250,000, or imprisonment for up<br>if 3571. |  |
|     |  | /s/ Jessica Michelle Bo                       |   | ture of Debtor 2   |
|     |  | •   | 2.9   |  |
|     |  | Executed on08/22/2018                         |   | ited on  |
|     |  | MM / DD /                                     |   | MM / DD / YYYY   |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 7 of 57

| Debtor 1 | Jessica    | Michelle    | Berry 1 age 7 0 | Case Number (if known) |
|----------|------------|-------------|-----------------|------------------------|
|          | First Name | Middle Name | Last Name       |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ David Derrick Lugardo              | Date        | Date:   | 08/23/2018 |
|--|-------------|---------|------------|
| Signature of Attorney for Debtor         |             | MM / DE | ) / YYYY   |
| David Derrick Lugardo                    |             |         |            |
| Printed name                             |             |         |            |
| Geraci Law L.L.C.                        |             |         |            |
| Firm name                                |             |         |            |
| 55 E. Monroe St., #3400                  |             |         |            |
|  |             |         |            |
|  |             |         |            |
| Chicago                                  | IL          | 60603   | 3          |
|  | IL<br>State |         | 3<br>Code  |
| Chicago City  Contact Phone 312-332-1800 | State       | ZIP     |            |
| City                                     | State       | ZIP     | Code       |

| Fill in this in           | formation to ident   | ify your case:                    |                     |
|---------------------------|----------------------|-----------------------------------|---------------------|
| Debtor 1                  | Jessica              | Michelle                          | Berry               |
|                           | First Name           | Middle Name                       | Last Name           |
| Debtor 2                  |                      |                                   |                     |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name           |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |
| Case Number<br>(If known) |                      |                                   | _                   |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Summarize Your Assets  Your assets Value of what you own  1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | Summarize Your Assets   |            |
|---|---|------------|
| 1. Schedule A/B: Property (Official Form 108A/B) 1a. Copy line 62, Total personal property, from Schedule A/B   |   |            |
| 1. Schedule A/B: Property (Official Form 108A/B) 1a. Copy line 62, Total personal property, from Schedule A/B   |   |            |
| 1a. Copy line 55, Total real estate, from Schedule A/B  |   |            |
| 1c. Copy line 63, Total of all property on Schedule A/B   |   | \$ 0       |
| Summarize Your Liabilities  Your liabilities Amount you owe  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | 1b. Copy line 62, Total personal property, from Schedule A/B                                      | \$ 8,815   |
| Your liabilities Amount you owe  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | 1c. Copy line 63, Total of all property on Schedule A/B   | \$ 8,815   |
| Your liabilities Amount you owe  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   |   |            |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  4. Schedule 1: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  5. Schedule J: Your Expenses (Official Form 106J)  83 437 00 | Summarize Your Liabilities  |            |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  |   |            |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>   |   | \$13,862   |
| Summarize Your Liabilities  4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | · · · · · · · · · · · · · · · · · · ·   |            |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$13,301   |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  |   |            |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | Summarize Your Liabilities  |            |
| Copy your combined monthly income from line 12 of <i>Schedule I</i>   |   |            |
| 5.3 4.37 (10)   |   |            |
|   |   | \$3,516.33 |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 9 of 57

Debtor 1 Jessica Michelle Document Berry Page 9 of 57
First Name Middle Name Last Name

Page 9 of 57
Case Number (if known) \_

| Part 4:         | Answer These Questions for Administrative and Statistical Records   |                                 |             |
|-----------------|---|---------------------------------|-------------|
| _               | filing for bankruptcy under Chapter 7, 11 or 13?  You have nothing to report on this part of the form. Check this box and submit this form to the co  | ourt with your other schedules. |             |
| Your famil      | r debts are primarily consumer debts. Consumer debts are those "incurred by an individual printly, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. r debts are not primarily consumer debts. You have nothing to report on this part of the form. C form to the court with your other schedules. | C. § 159.                       |             |
|                 | e Statement of Your Current Monthly Income: Copy your total current monthly income from Off<br>2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | ricial                          | \$ 4,580.62 |
|                 | e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :   | Total claim                     |             |
| From P          | art 4 of Schedule E/F, copy the following:  |                                 |             |
| 9a. Dom         | estic support obligations (Copy line 6a.)   | \$_0.00                         |             |
| 9b. Taxe        | es and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00                         |             |
| 9c. Clair       | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$ 0.00                         |             |
| 9d. Stud        | ent loans. (Copy line 6f.)  | \$_0.00                         |             |
|                 | gations arising out of a separation agreement or divorce that you did not report as laims. (Copy line 6g.)  | \$_0.00                         |             |
| 9f. Debt        | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$ 0.00                         |             |
| 9g. <b>Tota</b> | I. Add lines 9a through 9f.   | \$_0.00                         |             |

|  | Caso 19   | 2 220E2 Doc 1   | Eilad 09/22/19  | Entered 08/23/18 1   | 5·11·36 De             | sc Main  |
|--|---|---|---|--|------------------------|--|
| Fill in this in  | formation to ide  | ntify your case and this fili   |   | 0 of 57  | 0.11.00                | 30 Main  |
| Debtor 1   | Jessica   | Michelle  | Berry   |  |                        |  |
|  | First Name  | Middle Name   | Last Name   |  |                        |  |
| Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name   | Last Name   |  |                        |  |
| United States  | Bankruptcy Court fo   | or the : <u>NORTHERN</u> Distric  | ct of <u>ILLINOIS</u>   |  |                        |  |
| Case Number  |   |   | (State)   |  |                        | Check if this is an  |
| (If known)   |   |   |   |  |                        | amended filing   |
| Official F   | <u>orm 106A</u>   | <u>/B</u>   |   |  |                        |  |
| Schedul  | e A/B: Pr   | operty  |   |  |                        | 12/15  |
| esponsible for ages, write you part to the second of the s | supplying corre ur name and cas  Describe Each Re un or have any le  Describe   | ct information. If more spa<br>e number (if known). Answ<br>sidence, Building, Land, or O<br>gal or equitable interest in | ce is needed, attach a separa   | l, or similar property?  |                        |  |
|  | -   | -   |   |  | >                      | \$0.00   |
| Part 2:  | Describe Your Vel   | nicles  |   |  |                        |  |
| No. Yes.  No. Yes.  No. Yes.  No. Yes.   | Describe  Make:  Model:  Year:  Approximate Milea  Other information:  2012 Scion xB with  t, aircraft, motor  Boats, trailers, motor  Describe | th over 77,000 miles.  homes, ATVs and other recors, personal watercraft, fishing   | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor  Check if this is comm instructions)  Creational vehicles, other vehicles, snowmobiles, motorcycle | ly s and another unity property (see nicles, and accessories accessories | the amount of any seco | portion you own?   |
|  |   |   | our entries fro Part 2, includi   |  |                        | \$ 4,800.00  |
| you have at  | tacned for Part 2   | . write that number here .  |   | >  |                        |  |
| Part 3:  | Describe Your Per   | sonal and Household Items   |   |  |                        |  |
| Do you own o   | r have any legal (  | or equitable interest in any  | of the following items?   |  |                        | Current value of the portion you own? Do not deduct secured claims or exemptions |
|  | d goods and furn Major appliances, f  Describe  | ilshings<br>urniture, linens, china, kitchenw   | are   |  |                        | 1  |
| res.   | บอง(เมษ   | Furniture, linens, small appliar  | nces, table & chairs, bedroom set, r  | miscellaneous household goods  | \$1,800                | \$1,800. <u>0</u> 0  |

Official Form 106A/B Record # 790272 Schedule A/B: Property Page 1 of 6

Filed 08/23/18 Entered 08/23/18 15:11:36

— Dat Name

Page 11 of 5 humber (if known) Case 18-23852 Doc 1 Jessica

First Name Middle Name

Desc Main

| 07. | Electronics                             |  |  |
|-----|---|--|--|
|     |   | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music devices including cell phones, cameras, media players, games |  |
|     | No.                                     | gg   |  |
|     | Yes. Describ                            | g  |  |
|     |   | Cell phone \$300   |  |
| 08. | Collectibles of value                   |  | \$300.00                                       |
|     |   | nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects;  |  |
|     | stamp, coin, or baseba                  | Il card collections; other collections, memorabilia, collectibles  |  |
|     | Yes. Describ                            | e  | \$ 0.00  |
| 09. | Equipment for sport                     | s and hobbies  | \$   |
|     |   | tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  |  |
|     | and kayaks; carpentry No.               | tools; musical instruments   |  |
|     | Yes. Describ                            |  |  |
|     | Tes. Describ                            | <del></del>  | \$ 0.00  |
| 10. | Firearms                                |  |  |
|     |   | s, shotguns, ammunition, and related equipment   |  |
|     | No.                                     |  |  |
|     | Yes. Describ                            | <del>2</del>   | \$ 0.00  |
| 11. | Clothes                                 |  | <u> </u>                                       |
|     | Examples: Everyday c                    | othes, furs, leather coats, designer wear, shoes, accessories  |  |
|     | No.                                     |  |  |
|     | Yes. Describ                            |  |  |
|     |   | Necessary wearing apparel \$200  | \$ 200.00                                      |
| 12. | Jewelry                                 |  | <u></u>  |
|     |   | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |  |
|     | gold, silver<br>No.                     |  |  |
|     | Yes. Describ                            |  |  |
|     | . cc. Booons                            | Jewelry, costume jewelry \$150   |  |
| l   |   |  | \$150.00                                       |
| 13. | Non-farm animals  Examples: Dogs, cats, | hirds horses   |  |
|     | No.                                     | bild3, 110/363   |  |
|     | Yes. Describ                            | e  |  |
|     | _                                       | 1 cat. \$0   |  |
|     | A my other nevernal                     | and became let the second and and already list including any health side you did not list  | \$0.00   |
| 14. | No.                                     | and household items you did not already list, including any health aids you did not list   |  |
|     | Yes. Describ                            |  |  |
|     |   |  | \$0.00   |
| 15. | Add the dollar value                    | of all of your entries from Part 3, including any entries for pages you have attached  | \$2,450.00                                     |
|     | for Part 3. Write that                  | number here  | Ψ2,430.00                                      |
|     | Describe Y                              | our Financial Assets   |  |
|     | Part 4:                                 | our i manuar Assets  |  |
| Do  | you own or have any                     | legal or equitable interest in any of the following?   | Current value of the                           |
|     |   |  | portion you own?  Do not deduct secured claims |
|     |   |  | or exemptions                                  |
| 16. | Cash                                    |  |  |
|     |   | have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |  |
|     | No.                                     |  |  |
|     | Yes. Describ                            | <del>2</del>   | \$0.00   |
| 1   |   |  | ¥  |

Jessica Case 18-23852 Michelle

Doc 1

Desc Main

| First Name |  |  |
|------------|--|--|

Middle Name

Filed 08/23/18 Entered 08/23/18 15:11:36

Document Page 12 of 57 Jumber (if known)

| 17. | Deposits of  | f money             |   |   |     |                 |
|-----|--------------|---------------------|---|---|-----|-----------------|
|     | Examples: (  | Checking, savings   | s, or other financial accounts; certificates of | of deposit; shares in credit unions, brokerage houses,            |     |                 |
|     | and other si | milar institutions. | If you have multiple accounts with the sar      | me institution, list each.  |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | Yes.         | Describe            | Account Type:                                   | Institution name:   |     |                 |
|     | 163.         | Describe            | Checking Account                                | Chase   | ¢   | 1,565.00        |
|     |              |                     | Checking Account                                | Clidse  | \$  | 1,303.00        |
|     |              |                     |   |   | \$  | 1,565.00        |
| 18. | Bonds, mu    | tual funds, or p    | oublicly traded stocks                          |   |     |                 |
|     |              | -                   | tment accounts with brokerage firms, mor        | ney market accounts   |     |                 |
|     | No.          | •                   | •   |   |     |                 |
|     | _            |                     |   |   |     |                 |
|     | Yes.         | Describe            | Institution or issuer name:                     |   |     |                 |
|     |              |                     |   |   | \$  | 0.00            |
| 19. | Non-public   | ly traded stock     | and interests in incorporated and               | unincorporated businesses, including an interest in               |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | =            | Danasiba            | Name of Entity and Baraant of Own               | porchip:  |     |                 |
|     | Yes.         | Describe            | Name of Entity and Percent of Own               | lersnip.  |     |                 |
|     |              |                     |   |   | \$  | 0.00            |
| 20. | Governmen    | nt and corpora      | te bonds and other negotiable and               | non-negotiable instruments  |     |                 |
|     | Negotiable i | instruments includ  | de personal checks, cashiers' checks, pro       | missory notes, and money orders.                                  |     |                 |
|     | Non-negotia  | able instruments a  | are those you cannot transfer to someone        | by signing or delivering them.                                    |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | ₹            | Dogoribo            | Issuer name:                                    |   |     |                 |
|     | Yes.         | Describe            | issuel fiame.                                   |   |     | 0.00            |
|     |              |                     |   |   | \$  | 0.00            |
| 21. | Retirement   | or pension ac       | counts  |   |     |                 |
|     | Examples: I  | nterests in IRA, E  | ERISA, Keogh, 401(k), 403(b), thrift saving     | gs accounts, or other pension or profit-sharing plans             |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | Voc          | Describe            | Type of account and Institution nan             | ma:   |     |                 |
|     | Yes.         | Describe            | • •   |   | _ f | Llakaayya       |
|     |              |                     | 401(k) or similar plan                          | 401(k) Plan with Employer   | \$  | <u>Unknow</u> n |
|     |              |                     |   |   | \$  | 0.00            |
| 22. | Security de  | posits and pre      | payments  |   |     |                 |
|     | =            | -                   | osits you have made so that you may con         | ntinue service or use from a company                              |     |                 |
|     |              |                     | landlords, prepaid rent, public utilities (elec |   |     |                 |
|     | No.          | 3                   | , , , , , , , , , , , , , , , , , , ,           | , 3, ,,   |     |                 |
|     | =            |                     |   |   |     |                 |
|     | Yes.         | Describe            | Institution name or individual:                 |   |     |                 |
|     |              |                     |   |   | \$  | 0.00            |
| 23. | Annuities (  | A contract for      | a periodic payment of money to yo               | u, either for life or for a number of years)                      |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | <b>=</b>     | D                   | leaver name and description:                    |   |     |                 |
|     | Yes.         | Describe            | Issuer name and description:                    |   |     |                 |
|     |              |                     |   |   | \$  | 0.00            |
| 24. | Interests in | an education        | IRA, in an account in a qualified AE            | BLE program, or under a qualified state tuition program.          |     |                 |
|     | 26 U.S.C. §  | § 530(b)(1), 529A   | A(b), and 529(b)(1).                            |   |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | Yes.         | D                   | Institution name and description Co             | eparately file the records of any interests.11 U.S.C. § 521(c):   |     |                 |
|     | res.         | Describe            | institution name and description. So            | eparately life the records of any interests. IT 0.3.0. § 32 f(6). |     |                 |
|     |              |                     |   |   | \$  | 0.00            |
| 25. | Trusts, equ  | itable or future    | e interests in property (other than a           | anything listed in line 1), and rights or powers                  |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | Yes.         | Describe            |   |   |     |                 |
|     | 1 es.        | Describe            |   |   | •   | 0.00            |
|     |              |                     |   |   | \$  | 0.00            |
| 26. |              |                     | emarks, trade secrets, and other int            |   |     |                 |
|     | Examples: I  | nternet domain n    | ames, websites, proceeds from royalties a       | and licensing agreements  |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | Yes.         | Describe            |   |   |     |                 |
|     | 163.         | Describe            |   |   | ¢   | 0.00            |
|     |              |                     |   |   | \$  | 0.00            |
| 27. |              |                     | l other general intangibles                     |   |     |                 |
|     | Examples: I  | Building permits, e | exclusive licenses, cooperative association     | n holdings, liquor licenses, professional licenses                |     |                 |
|     | No.          |                     |   |   |     |                 |
|     | Yes.         | Describe            |   |   |     |                 |
|     | Ш , 63.      | 20001106            |   |   | •   | 0.00            |
|     |              |                     |   |   | \$  | 0.00            |

<u>Jess</u>ica Debtor 1

Case 18-23852 Doc 1

Filed 08/23/18 Entered 08/23/18 15:11:36

Description

Page 13 of age 7 umber (if known)

Page 13 of age 7 umber (if known)

Desc Main

First Name

Middle Name

Document Last Name

| Мо  | ney or prop   | erty owed to yo                     | u?  | Current value of the portion you own? Do not deduct secured claims or exemptions  |
|-----|---------------|-------------------------------------|---|---|
| 28. | Tax refund    | s owed to you                       |   |   |
|     | No.           |                                     |   |   |
|     | Yes.          | Describe                            |   |   |
| 29. | Family sup    | port                                |   | \$0.00  |
|     |               |                                     | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement                                  |   |
|     | No.           |                                     |   |   |
|     | Yes.          | Describe                            |   | \$ 0.00   |
| 30. | Other amo     | unts someone d                      | owes you  | φ   |
|     |               |                                     | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, id loans you made to someone else |   |
|     | Yes.          | Describe                            |   |   |
| 31  | Interest in   | insurance polic                     | ies   | \$0.00  |
|     |               | •                                   | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  |   |
|     | No.           |                                     | Company Name & Beneficiary:   |   |
|     | Yes.          | Describe                            | Auto insurance \$0  | \$0.00  |
| 32. | -             |                                     | at is due you from someone who has died   |   |
|     | -             | e beneficiary of a cause someone ha | iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive is died.                          |   |
|     | Yes.          | Describe                            |   |   |
| 33. | _             | -                                   | s, whether or not you have filed a lawsuit or made a demand for payment ment disputes, insurance claims, or rights to sue         | \$0.00  |
|     | Yes.          | Describe                            |   | \$ 0.00   |
| 34. | Other cont    | ingent and unlic                    | quidated claims of every nature, including counterclaims of the debtor and rights   | , <u> </u>  |
|     | No.           |                                     |   |   |
|     | Yes.          | Describe                            |   | \$ 0.00   |
| 35. | Any financ    | ial assets you d                    | id not already list   | \$0.00  |
|     | No.           | -                                   |   |   |
|     | Yes.          | Describe                            |   | \$ 0.00   |
|     |               |                                     |   | <u> </u>  |
|     |               |                                     | of your entries from Part 4, including any entries for pages you have attached  | \$1,565.00  |
|     | for Part 4. V | Vrite that numbe                    | er here>  | \$1,000.00  |
|     | Part 5: D     | escribe Any Bus                     | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |   |
|     |               | n or have any le                    | gal or equitable interest in any business-related property?   |   |
|     | No.           |                                     |   |   |
|     |               |                                     |   | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 38. | Accounts r    | eceivable or co                     | mmissions you already earned  | or exemptions   |
|     | No.           |                                     |   |   |
|     | Yes.          | Describe                            |   |   |
|     |               |                                     |   | \$0.00  |

Filed 08/23/18 Entered 08/23/18 15:11:36

Document Page 14 of 57 umber (if known) Case 18-23852 Doc 1 Jessica

Desc Main

| 39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No.   |                 |
|--|-----------------|
|  |                 |
| Yes. Describe  | \$ 0.00         |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade  No.   |                 |
| Yes. Describe  | \$0.00          |
| 41. Inventory No.  |                 |
| Yes. Describe  | \$0.00          |
| 42. Interests in partnerships or joint ventures  No. Name of Entity and Percent of Ownership:  |                 |
| No. Name of Entity and Percent of Ownership:  Yes. Describe  |                 |
| 43. Customer lists, mailing lists, or other compilations   | \$ <u> </u>     |
| No.  |                 |
| Yes. Describe  | \$0.00          |
| 44. Any business-related property you did not already list  No.  |                 |
| Yes. Describe  | \$0.00          |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached   |                 |
| for Part 5. Write that number here   | \$ 0.00         |
| Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.   |                 |
| If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  |                 |
| ■ No.  Yes. Describe   |                 |
|  | \$0.00          |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  No.  |                 |
| Yes. Describe  |                 |
|  | 0.00            |
| 48. Crops—either growing or harvested No.  | \$0.00          |
|  | \$ <u>0.0</u> 0 |
| No.  | · <u></u>       |
| No.  Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  | \$ <u>0.0</u> 0 |
| No.  Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.  Yes. Describe  50. Farm and fishing supplies, chemicals, and feed  | \$0.00          |
| No.  Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.  Yes. Describe  | \$0.00<br>\$0   |
| No.  Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.  Yes. Describe  70. Farm and fishing supplies, chemicals, and feed  No.   | \$ <u>0.0</u> 0 |
| No.  Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.  Yes. Describe  50. Farm and fishing supplies, chemicals, and feed  No.  Yes. Describe  51. Any farm- and commercial fishing-related property you did not already list      | \$0.00<br>\$0   |
| No.  Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No.  Yes. Describe  50. Farm and fishing supplies, chemicals, and feed  No.  Yes. Describe  10. Any farm- and commercial fishing-related property you did not already list  No. | \$0.00<br>\$0   |

Case 18-23852 Doc 1

63. Total of all property on Schedule A/B. Add line 55 + line 62

Filed 08/23/18 Entered 08/23/18 15:11:36

 Document Page 15 of 57 umber (if known)

Desc Main

\$8,815.00

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$4,800.00 56. Part 2: Total vehicles, line 5 \$ 2,450.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 1,565.00 59. Part 5: Total business-related property, line 45 \$ 0.00 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 0.00 \$8,815.00 62. Total personal property. Add lines 56 through 61. ..... \$8,815.00

Record # 790272 Official Form 106A/B Page 6 of 6 Schedule A/B: Property

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

| Fill in this in     | formation to identi    | fy your case:                     |                     |
|---------------------|------------------------|-----------------------------------|---------------------|
| Debtor 1            | Jessica                | Michelle                          | Berry               |
|                     | First Name             | Middle Name                       | Last Name           |
| Debtor 2            |                        |                                   |                     |
| (Spouse, if filing) | First Name             | Middle Name                       | Last Name           |
| United States       | Bankruptcy Court for t | he: <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |
| Case Number         | r                      |                                   |                     |
| (If known)          |                        |                                   |                     |

# Official Form 106C

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif         | y the Property You Claim as Exempt  |                                      |   |                                    |
|-------------------------|---|--------------------------------------|---|------------------------------------|
| Which set of ex         | emptions are you claiming? Check  | k one only, even if your spo         | ouse is filing with you.  |                                    |
| You are clair           | ming state and federal nonbankrupt  | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |
| You are clair           | ming federal exemptions. 11 U.S.C.  | § 522(b)(2)                          |   |                                    |
| For any propert         | y you list on <i>Schedule A/B</i> that yo   | u claim as exempt, fill in           | the information below.  |                                    |
| •                       | on of the property and line on hat lists this property  | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                         |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief description:      | 2012 Scion xB with over 77,000 miles.   | \$4,800                              | \$_2,400  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set, miscellaneous household goods | \$ <u>1,800</u>                      | \$ <u>1,800</u>   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | 06  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Cell phone  | \$_ 300                              | \$_300  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | 07  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Necessary wearing apparel   | \$ <u>200</u>                        | \$_200  | 735 ILCS 5/12-1001(a),(e)          |
| Line from Schedule A/B: | 11  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                         |   |                                      |   |                                    |
| Official Form 106C      | Record # 790272   | Schedule C: 1                        | he Property You Claim as Exempt                                 | Page 1 of 2                        |

Entered 08/23/18 15:11:36 Desc Main Case 18-23852 Doc 1 Filed 08/23/18

Jessica

Document

Page 17 of 57 (if known)

Debtor 1

Michelle Middle Name

790272

Record #

Official Form 106C

**Additional Page** Part 2: Current value of the Amount of the exemption you claim Specific laws that allow exemption Brief description of the property and line on Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(b) Brief Jewelry, costume jewelry \$ 150 description: \$ 150 Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) Brief Checking Account, Chase, \$ 1,565 1,565.00 1,565 description: 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Brief 401(k) or similar plan, 401(k) Plan 735 ILCS 5/12-1006 Unknown with Employer, 0.00 description: Line from 100% of fair market value, up to 21 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? □ No ☐ Yes.

Schedule C: The Property You Claim as Exempt

Page 2 of 2

| Fill in this in             | nformation to identif  |   | oc 1 Eilad 119/22/19  | Entered 08/23<br>8 of 57    | 3/18 15:11:36  | Desc Main  |                                |
|-----------------------------|--|---|---|-----------------------------|--|--|--------------------------------|
| Debtor 1                    | Jessica  | Michell   | le Berry  | _                           |  |  |                                |
|                             | First Name   | Middle Name                                       | e Last Name   |                             |  |  |                                |
| Debtor 2                    |  |   |   | _                           |  |  |                                |
| (Spouse, if filing)         | First Name   | Middle Name                                       | e Last Name   |                             |  |  |                                |
| United States               | Bankruptcy Court for the   | he: <u>NORTHERN</u>                               | _ District of _ <u>ILLINOIS</u>   |                             |  |  |                                |
| Case Numbe                  | r  |   | (State)   |                             |  | Check if thi                                       | s is an                        |
| (If known)                  | '  |   |   |                             |  | amended fi   | ling                           |
| Official F                  | orm 106D   |   |   |                             |  |  |                                |
|                             |  | s Who Have  | e Claims Secured by   | Property                    |  |  | 12/15                          |
| 1. <b>Do any cre</b> No. Cl | es, write your name editors have claims and sul neck this box and sul ill in all of the information. | secured by your pomit this form to thation below. |   | You have nothing else to re | eport on this form.                                    |  |                                |
| Part 1:                     | List All Secured Clair   | ms  |   |                             | Column A   | Column A   | Column C                       |
| for each o                  | laim. If more than or  | ne creditor has a p                               | an one secured claim, list the credit<br>particular claim, list the other creditors<br>cal order according to the creditors | ors in Part 2.              | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim | Unsecured<br>portion<br>If any |
| 2.1 ALLY F                  | inancial   |   | Describe the property that sec  | ures the claim:             | \$ <u>13,862.00</u>                                    | \$ <u>4,800.00</u>                                 | \$ <u>9,062.00</u>             |
| Creditor's  200 Re          | Name<br>enaissance Ctr   |   | 2012 Scion xB with over 77,00   | )0 miles                    |  |  |                                |
|                             |  |   | As of the date you file, the clair  | m is: Check all that apply  |  |  |                                |
|                             |  |   | Contingent  | mer encon an anacappiy.     |  |  |                                |
| Detroit                     |  | MI 48243  | Unliquidated  |                             |  |  |                                |
| City                        |  | State Zip Code                                    | Disputed  |                             |  |  |                                |
| Who owe                     | s the debt? Check one  | L.  | Nature of Lien. Check all that ap   | pply.                       |  |  |                                |
| Debtor                      | 1 only   |   | An agreement you made (such   | as mortgage or secured      |  |  |                                |
| Debtor                      | 2 only   |   | car loan)   |                             |  |  |                                |
| Debtor                      | 1 and Debtor 2 only  |   | Statutory lien (such as tax lien  | , mechanic's lien)          |  |  |                                |
| At leas                     | t one of the debtors and   | another   | Judgment lien from a lawsuit  |                             |  |  |                                |
|                             | if this claim relates t  | о а   | Other (including a right to offse   | :t)                         |  |  |                                |
|                             | -  | 017-08-04   | Last 4 digits of account number   | er <u>3665</u>              |  |  |                                |
| Date Debt                   |  |   | at You Already Listed   |                             |  |  |                                |
|                             | List Others to Be Not  | tified for a Debt Tha                             | at Tou Alleady Listed   |                             |  |  |                                |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>13,862.00</u>

|  | Caco 10 220E2   | Doc 1   | Eilad 09/22/19   | Entered 08/23/18 15:11:36   | Desc Main                           | 1                |
|--|---|---|--|---|-------------------------------------|------------------|
| Fill in this in  | formation to identify your ca   | ise:  |  | 9 of 57   | 2000                                | •                |
|  | logging   | Michalla  | Dorne  |   |                                     |                  |
| Debtor 1   | Jessica<br>First Name   | Michelle  Middle Name   | Berry  Last Name   |   |                                     |                  |
| Debtor 2   | Filstivalite  | widdle Name   | Lastivalie   |   |                                     |                  |
| (Spouse, if filing)  | First Name  | Middle Name   | Last Name  |   |                                     |                  |
|  |   |   |  |   |                                     |                  |
| United States  | Bankruptcy Court for the : <u>NOF</u>   | RTHERN District   | of <u>ILLINOIS</u><br>(State)  |   |                                     |                  |
| Case Number  |   |   |  |   | <del></del>                         | f this is an     |
| (If known)   |   |   |  |   | amende                              | ed filing        |
| Official Fo  | <u>orm 106E/F</u>   |   |  |   |                                     |                  |
| Schedule   | E/F: Creditors Wi   | no Have U   | nsecured Claims  |   |                                     | 12/15            |
| ist the other pa<br>\(\lambda B: \textit{Property}\) (of the control of the control | arty to any executory contra<br>Official Form 106A/B) and on<br>artially secured claims that          | cts or unexpired<br>a Schedule G: Ex<br>are listed in Schoumber the entrie<br>e and case number | leases that could result in a recutory Contracts and Unexedule D: Creditors Who Haves in the boxes on the left. At | and Part 2 for creditors with NONPRIORITY claim. Also list executory contracts on <i>Sch pired Leases</i> (Official Form 106G). Do not it a Claims Secured by Property. If more space tach the Continuation Page to this page. On | e <i>dule</i><br>nclude any<br>e is |                  |
| Part 1:  | ist All of Four Friedrich Chist   | Journa Glainia  |  |   |                                     |                  |
| 1. Do any cred   | ditors have priority unsecure   | ed claims agains  | t you?   |   |                                     |                  |
| No. Go   | to Part 2.  |   |  |   |                                     |                  |
| Yes.   |   |   |  |   |                                     |                  |
| each claim<br>nonpriority<br>unsecured   | listed, identify what type of cla<br>amounts. As much as possible<br>claims, fill out the Continuatio | aim it is. If a claim<br>le, list the claims i<br>n Page of Part 1.                             | n has both priority and nonprion alphabetical order according  | cured claim, list the creditor separately for ear<br>rity amounts, list that claim here and show bo<br>g to the creditor's name. If you have more that<br>its a particular claim, list the other creditors in<br>tion booklet.)   | oth priority and n two priority     |                  |
|  |   |   |  | Total claim   | •                                   | Nonpriority      |
|  |   |   |  |   | amount                              | amount           |
| Part 2:  | List All of Your NONPRIORITY  | Unsecured Claims  | 5  |   |                                     |                  |
| 3. Do any cree   | ditors have nonpriority unse  | cured claims aga  | ainst you?   |   |                                     |                  |
| No. Yo   | u have nothing to report in thi   | s part. Submit th   | is form to the court with your o   | other schedules.  |                                     |                  |
| 4. List all of y   | our nonpriority unsecured c   | laims in the alph   | abetical order of the creditor   | who holds each claim. If a creditor has more  | e than one                          |                  |
| included in  |   | itor holds a partic   |  | sted, identify what type of claim it is. Do not lis<br>ors in Part 3.If you have more than three nonp   | •                                   |                  |
|  | J   |   |  |   |                                     | Total claim      |
| 7.1  | Systems CO  | Las   | t 4 digits of account number _   | 2474  |                                     | <u>\$ 137.00</u> |
| Creditor's I   | Name<br>efer Dr Ste 1   | Whe   | en was the debt incurred?  | 2016-2016   |                                     |                  |
| Number   | Street  |   |  | <del></del>   |                                     |                  |
|  |   | As  | of the date you file, the claim is   | : Check all that apply.   |                                     |                  |
|  |   |   | Contingent   | ,   |                                     |                  |
| Zion   | IL 600  |   | Unliquidated   |   |                                     |                  |
| City<br>Who owes   | State Zip the debt? Check one.  | Code  | Disputed   |   |                                     |                  |
| Debtor 1   | 1 only  |   |  |   |                                     |                  |
| Debtor 2   | 2 only  | <u>Ту</u> р   | e of NONPRIORITY unsecured   | claim:  |                                     |                  |
| Debtor 1   | 1 and Debtor 2 only   | <u></u>   | Student loans.   |   |                                     |                  |
| At least   | one of the debtors and another  | <del>_</del>  | Obligations arising out of a separa  |   |                                     |                  |
|  | if this claim relates to a  |   | that you did not report as priority c  |   |                                     |                  |
|  | unity debt  | <u>Ц</u>  | Debts to pension or profit-sharing   | plans, and other similar debts  |                                     |                  |
|  | n subject to offest?  | _   |  |   |                                     |                  |
| No No  |   |   | Other. Specify Medical Debt  |   |                                     |                  |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

Debtor 1 Jessica Michelle Document Page 20 of 57
Case Number (if known)

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** ATG Credit \$ 44.00 Last 4 digits of account number \_ Creditor's Name 2016-2016 1700 W Cortland St Ste 2 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60622 Chicago Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt Yes Capital One 3920 \$ 5,979.00 Last 4 digits of account number 4.3 Creditor's Name 2011-2016 15000 Capital One Dr When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Richmond 23238 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify <u>Credit Card</u> or Credit Use Yes Georgia Department of Revenue **\$** 600.00 Last 4 digits of account number 4.4 Creditor's Name 2009 1800 Century Boulevard, NE When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Atlanta GA 30345 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_Taxes - Federal, State/Local Yes

Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Case 18-23852

Page 21 of 57<sub>Case Number (if known)</sub> **Document** Jessica Michelle Debtor 1

| Pa    | Your NONPRIORITY Unsecured Claims - Co             | ntinuation Page   |                  |
|-------|--|---|------------------|
| After | listing any entries on this page, number them be   | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim      |
| 4.5   | Illinois Department of Revenue                     | Last 4 digits of account number                                   | \$ <u>400.00</u> |
|       | Creditor's Name                                    | When was the debt incurred? 2009                                  |                  |
|       | PO Box 64338                                       | When was the debt incurred?                                       |                  |
|       | Number Street                                      |   |                  |
|       |  | As of the date you file, the claim is: Check all that apply.      |                  |
|       | Ohioana II 00004 0000                              | Contingent  |                  |
|       | Chicago IL 60664-0338                              | Unliquidated  |                  |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|       | Debtor 1 only                                      |   |                  |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|       | Debtor 1 and Debtor 2 only                         | Student loans.  |                  |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|       | Is the claim subject to offest?                    | _   |                  |
|       | No   | Other. Specify Taxes - Federal, State or Local                    |                  |
|       | Yes  |   |                  |
| 4.6   | Illinois Pathology Associates                      | Last 4 digits of account number                                   | \$ <u>93.00</u>  |
|       | Creditor's Name                                    | When was the debt incurred? 2014                                  |                  |
|       | 3249 Oak Park Ave                                  | When was the debt incurred?                                       |                  |
|       | Number Street                                      |   |                  |
|       |  | As of the date you file, the claim is: Check all that apply.      |                  |
|       | D  | Contingent  |                  |
|       | Berwyn IL 60402                                    | Unliquidated  |                  |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|       | Debtor 1 only                                      | _   |                  |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|       | Debtor 1 and Debtor 2 only                         | Student loans.  |                  |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|       | Is the claim subject to offest?                    | _   |                  |
|       | No   | Other. Specify Medical Debt                                       |                  |
|       | Yes  |   |                  |
| 4.7   | Loyola Medical Plan                                | Last 4 digits of account number                                   | \$ <u>100.00</u> |
|       | Creditor's Name                                    | When was the debt incurred? 2014                                  |                  |
|       | PO Box 98418                                       | When was the debt incurred?                                       |                  |
|       | Number Street                                      |   |                  |
|       |  | As of the date you file, the claim is: Check all that apply.      |                  |
|       | Chicago IL 60693                                   | Contingent  |                  |
|       | City State Zip Code                                | Unliquidated  |                  |
|       | Who owes the debt? Check one.                      | Disputed  |                  |
|       | Debtor 1 only                                      |   |                  |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|       | Debtor 1 and Debtor 2 only                         | Student loans.  |                  |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|       | Is the claim subject to offest?                    |   |                  |
|       | No   | Other. Specify Medical/Dental Services                            |                  |
|       | Yes  |   |                  |

Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Case 18-23852

Page 22 of 57<sub>Case Number (if known)</sub> **ը**ջcument Jessica Michelle Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | isting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
|----------|--|---|------------------|
|          | Lovela Univ Med Center                             |   | <b>4</b> 120 00  |
| 4.8      | Loyola Univ. Med. Center  Creditor's Name          | Last 4 digits of account number                                   | \$ <u>130.00</u> |
|          | PO Box 95009                                       | When was the debt incurred? 2014                                  |                  |
|          | Number Street                                      |   |                  |
|          |  | As of the date you file the claim is. Check all that conty        |                  |
|          |  | As of the date you file, the claim is: Check all that apply.      |                  |
|          | Chicago IL 60694                                   | Contingent  |                  |
|          | City State Zip Code                                | Unliquidated  |                  |
| '        | Who owes the debt? Check one.                      | Disputed  |                  |
|          | Debtor 1 only                                      |   |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans.  |                  |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| ١.       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| '        | s the claim subject to offest?                     |   |                  |
|          | No T.  | Other. SpecifyMedical/Dental Service                              |                  |
| <u> </u> | Yes Loyola Univ. Physician Fdn.                    |   | ↑ FO OO          |
| 4.9      |  | Last 4 digits of account number                                   | \$ <u>50.00</u>  |
|          | Creditor's Name PO Box 98418                       | When was the debt incurred? 2014                                  |                  |
|          |  | when was the dept incurred?                                       |                  |
|          | Number Street                                      |   |                  |
|          |  | As of the date you file, the claim is: Check all that apply.      |                  |
|          | Chicago IL 60693                                   | Contingent  |                  |
|          |  | Unliquidated  |                  |
| ١ ١      | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|          | Debtor 1 only                                      |   |                  |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| l i      | Debtor 1 and Debtor 2 only                         | Student loans.  |                  |
| l i      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| l i      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| '        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| 1        | s the claim subject to offest?                     |   |                  |
|          | No   | Other. Specify Medical/Dental Service                             |                  |
|          | Yes  |   |                  |
| 4.10     | Metropolitan Adv. Rad. Svcs.                       | Last 4 digits of account number                                   | \$ <u>45.00</u>  |
|          | Creditor's Name                                    |   |                  |
|          | 135 S. LaSalle St., Dept. 1362                     | When was the debt incurred? 2017                                  |                  |
|          | Number Street                                      |   |                  |
|          |  | As of the date you file, the claim is: Check all that apply.      |                  |
|          |  | Contingent  |                  |
|          | Chicago IL 60674                                   | ☐ Unliquidated  |                  |
| ١.       | City State Zip Code                                | Disputed  |                  |
| '        | Who owes the debt? Check one.                      |   |                  |
|          | Debtor 1 only                                      |   |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans.  |                  |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| Ι.       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|          | s the claim subject to offest?                     | Madia-UDlal C   |                  |
|          | No   | Other. Specify Medical/Dental Services                            |                  |
|          | Yes  |   |                  |

Schedule E/F: Creditors Who Have Unsecured Claims

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

Page 23 of 57 Document Michelle Jessica Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Midland Funding, LLC \$ 2,142.88 4.11 Last 4 digits of account number \_ Creditor's Name 8875 Aero Drive, # 200 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent CA 92123 San Diego Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Yes Nationwide Credit & CO 0810 \$ 126.00 Last 4 digits of account number 4.12 Creditor's Name 2015-2015 815 Commerce Dr Ste 270 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Oak Brook 60523 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt Yes Surgical Associates Of Oak Park **\$** 137.00 Last 4 digits of account number 4.13 Creditor's Name 2017 When was the debt incurred? 1 Erie Court Number As of the date you file, the claim is: Check all that apply. Contingent Oak Park 60302 Unliquidated State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Medical Debt

Yes

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

Page 24 of 57 Case Number (if known) Document Michelle Jessica Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Syncb/Gapdc \$ 0.00 Last 4 digits of account number \_ Creditor's Name 2013-2016 Po Box 965005 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Yes Synchrony BANK 9534 \$ 2,563.00 Last 4 digits of account number 4.15 Creditor's Name 2016-2017 2365 Northside Dr Ste 30 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent San Diego 92108 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_\_Unknown Credit Extension Yes West Suburban Medical Center \$ 100.00 Last 4 digits of account number 4.16 Creditor's Name 2014 When was the debt incurred? 3 Erie Ct. Number As of the date you file, the claim is: Check all that apply. Contingent Oak Park 60302 Unliquidated State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_Medical/Dental Services

Yes

Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Case 18-23852 Doc 1 Page 25 of 57<sub>Case</sub> Number (if known) **ը**ջçument Jessica Michelle Debtor 1 World Financial Network Bank 0715 **\$** 654.00 4.17 Last 4 digits of account number Creditor's Name 2016-2017 120 Corporate Blvd Ste 1 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Norfolk VA 23502 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt

Other. Specify \_\_\_ Unknown Credit Extension

Is the claim subject to offest?

Yes

Case 18-23852

Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

Page 26 of 57 Number (if known) **Document** Jessica Michelle Debtor 1

List Others to Be Notified for a Debt That You Already Listed

| 5. | Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |           |  |   |  |  |  |  |
|----|--|-----------|--|---|--|--|--|--|
|    | Clerk, Fourth Mun Div, 17 M4 003920  |           | On which entry in Part 1 or Part 2 lis | st the original creditor?   |  |  |  |  |
|    | Name<br>1500 Maybrook Dr #236  | -         | Line 3 of (Check one):                 | Part 1: Creditors with Priority Unsecured Claims  |  |  |  |  |
|    | Number Street  | -         |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
|    | Maywood IL City State Zip C  | 60153     | Last 4 digits of account number        | 3920  |  |  |  |  |
|    | ·  | oue       |  |   |  |  |  |  |
|    | Blitt and Gaines, PC, Bankruptcy Dept.  Name   | -         | On which entry in Part 1 or Part 2 lis |   |  |  |  |  |
|    | 661 Glenn Ave.  Number Street  | -         | Line 3 of (Check one):                 | Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
|    | Number Street  |           |  | Fait 2. Creditors with Nonphority offsecured Claims   |  |  |  |  |
|    | Wheeling IL  | 60090     | Last 4 digits of account number        | 3920  |  |  |  |  |
|    | City State Zip (   | -         |  |   |  |  |  |  |
|    | Clerk, Fourth Mun Div, Docket #18M4-000643   |           | On which entry in Part 1 or Part 2 lis | st the original creditor?   |  |  |  |  |
|    | Name<br>1500 Maybrook Dr #236  |           | Line 11 of (Check one):                | Part 1: Creditors with Priority Unsecured Claims  |  |  |  |  |
|    | Number Street  | -         |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
|    |  | -         |  |   |  |  |  |  |
|    | Maywood IL   | 60153     | Last 4 digits of account number        | 0643  |  |  |  |  |
|    | City State Zip C   | ode       |  |   |  |  |  |  |
|    | Kohn Law Firm, Bankruptcy Dept.  | -         | On which entry in Part 1 or Part 2 lis | st the original creditor?   |  |  |  |  |
|    | Name<br>735 N Water St. Ste 1300   | _         | Line 11 of (Check one):                | Part 1: Creditors with Priority Unsecured Claims  |  |  |  |  |
|    | Number Street  |           |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
|    |  |           |  |   |  |  |  |  |
|    | Milwaukee         WI           City         State         Zip 0  | 53202     | Last 4 digits of account number        | 0643  |  |  |  |  |
|    | Armor Systems Co., Bankruptcy Dept.  | oue       |  |   |  |  |  |  |
|    | Name   | -         | On which entry in Part 1 or Part 2 lis | _   |  |  |  |  |
|    | 1700 Kieffer Dr., Ste. 1   | -         | Line 13 of (Check one):                | Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
|    | Number Street  |           |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
|    | Zion IL  | 60099     |  |   |  |  |  |  |
|    | City State Zip C   |           | Last 4 digits of account number        | <del></del>   |  |  |  |  |
|    | World Fin. Network Nat'l Bank, Bankruptcy Dept.  | -         | On which entry in Part 1 or Part 2 lis | st the original creditor?   |  |  |  |  |
|    | Name<br>PO Box 659569  | _         | Line 17 of (Check one):                | Part 1: Creditors with Priority Unsecured Claims  |  |  |  |  |
|    | Number Street  |           |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
|    |  | -         |  |   |  |  |  |  |
|    |  | 78265-956 | Last 4 digits of account number        | <u>0715</u>   |  |  |  |  |
|    | City State Zip C   | ode       |  |   |  |  |  |  |

Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Case 18-23852

Jessica Debtor 1

Michelle

**Document** 

Page 27 of 57<sub>Case Number (if known)</sub>

Add the Amounts for Each Type of Unsecured Claim

|                             | nounts of certain types of unsecured claims. This information is f ounts for each type of unsecured claim.  | or statistical re | eporting purposes only. 28 U.S.C. § |
|-----------------------------|---|-------------------|-------------------------------------|
|                             |   |                   | Total claim                         |
| otal claims                 | 6a. Domestic support obligations  | 6a.               | \$0.00                              |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.               | \$0.00                              |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.               | \$0.00                              |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d.               | \$0.00                              |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.               | \$0.00                              |
|                             |   |                   | Total claim                         |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.               | \$0.00                              |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.               | \$0.00                              |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.               | \$0.00                              |
|                             | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.               | \$13,300.88                         |
|                             | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j.               | \$13,300.88                         |

|        |                                  | Caso 19                                | 22252 Doc 1 E   | ilad 09/22/19              | Entor        | ed 08/23/18 1                                     | 15:11:36                             | Desc Main                       |      |
|--------|----------------------------------|--|---|----------------------------|--------------|---|--------------------------------------|---------------------------------|------|
| Fi     | ll in this in                    | formation to ident                     |   |                            |              | 8 of 57   |                                      |                                 |      |
| D      | ebtor 1                          | Jessica                                | Michelle  | Berry                      | _            |   |                                      |                                 |      |
| D      | ebtor 2                          | First Name                             | Middle Name   | Last Name                  |              |   |                                      |                                 |      |
|        | pouse, if filing)                | First Name                             | Middle Name   | Last Name                  | _            |   |                                      |                                 |      |
| U      | nited States                     | Bankruptcy Court for                   | the : <u>NORTHERN</u> District of _                               |                            |              |   |                                      |                                 |      |
|        | ase Number<br>f known)           |  |   | (State)                    |              |   |                                      | Check if this is amended filing |      |
| Off    | icial Fo                         | orm 106G                               |   |                            |              |   |                                      |                                 |      |
| Scł    | nedule                           | G: Executo                             | ory Contracts and   | Unexpired Lea              | ases         |   |                                      |                                 | 12/1 |
| Be as  | complete                         | and accurate as p<br>nore space is nee | possible. If two married people<br>ded, copy the additional page, | are filing together, bo    | th are equa  | ly responsible for sup<br>attach it to this page. | pplying correct<br>. On the top of a | ny                              |      |
| additi | ional page:                      | s, write your name                     | e and case number (if known).                                     |                            |              |   | -                                    |                                 |      |
| 1. [   | _                                | -                                      | contracts or unexpired leases?  ubmit this form to the court with |                            | ∕ou have no  | thing else to report on                           | this form                            |                                 |      |
|        | _                                |  | nation below even if the contract                                 |                            |              |   |                                      |                                 |      |
| _      | _ 100:1111                       | in all of the inion                    | iddon bolow ovoli ii dio conducti                                 |                            | Concado      | DE. 1 reporty (emoiar i                           | (0,000,000)                          |                                 |      |
|        |                                  |  | or company with whom you ha                                       |                            |              |   |                                      |                                 |      |
|        | <b>xample, re</b><br>nexpired le |  | cell phone). See the instruction                                  | s for this form in the ins | truction boo | klet for more examples                            | s of executory co                    | ontracts and                    |      |
|        | Person or                        | company with wh                        | nom you have the contract or le                                   | ease                       |              | State what the                                    | contract or lease                    | e is for                        |      |
| 2.1    | 1                                |  |   |                            |              |   |                                      |                                 |      |
| 2.1    | Name                             |  |   |                            | _            |   |                                      |                                 |      |
|        |                                  |  |   |                            | _            |   |                                      |                                 |      |
|        | Number                           | Street                                 |   |                            |              |   |                                      |                                 |      |
|        | City                             |  | State Zip 0   | Code                       | _            |   |                                      |                                 |      |
| 2.2    |                                  |  |   |                            |              |   |                                      |                                 |      |
|        | Name                             |  |   |                            | _            |   |                                      |                                 |      |
|        | Number                           | Street                                 |   |                            |              |   |                                      |                                 |      |
|        | City                             |  | State Zip (   | Codo                       | _            |   |                                      |                                 |      |
| 0.0    | City                             |  | State Zip (   | Soue                       |              |   |                                      |                                 |      |
| 2.3    | Name                             |  |   |                            | _            |   |                                      |                                 |      |
|        |                                  |  |   |                            | _            |   |                                      |                                 |      |
|        | Number                           | Street                                 |   |                            |              |   |                                      |                                 |      |
|        | City                             |  | State Zip (   | Code                       |              |   |                                      |                                 |      |
| 2.4    |                                  |  |   |                            |              |   |                                      |                                 |      |
| ∠.¬    | Name                             |  |   |                            | _            |   |                                      |                                 |      |
|        | Niverbar                         | Observat                               |   |                            | _            |   |                                      |                                 |      |
|        | Number                           | Street                                 |   |                            |              |   |                                      |                                 |      |
|        | City                             |  | State Zip (   | Code                       | _            |   |                                      |                                 |      |
| 2.5    |                                  |  |   |                            |              |   |                                      |                                 |      |
|        | Name                             |  |   |                            |              |   |                                      |                                 |      |
|        | Number                           | Street                                 |   |                            | _            |   |                                      |                                 |      |
|        |                                  |  |   |                            |              |   |                                      |                                 |      |

State Zip Code

City

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

| Fill in this in     | formation to iden    | tify your case:                     |                 |
|---------------------|----------------------|-------------------------------------|-----------------|
| Debtor 1            | Jessica              | Michelle                            | Berry           |
|                     | First Name           | Middle Name                         | Last Name       |
| Debtor 2            | -                    |                                     |                 |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name       |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         |                      |                                     | _               |
| (If known)          |                      |                                     |                 |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A       | any Additional Pages, write your name and case number (if known). Answer every question.   |          |  |  |  |  |  |  |  |  |
|-------------|--|----------|--|--|--|--|--|--|--|--|
| 1. <b>D</b> | . Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  |          |  |  |  |  |  |  |  |  |
|             | □ No.  |          |  |  |  |  |  |  |  |  |
|             | Yes  |          |  |  |  |  |  |  |  |  |
|             | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  |          |  |  |  |  |  |  |  |  |
|             | No. Go to line 3.  |          |  |  |  |  |  |  |  |  |
|             | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  |          |  |  |  |  |  |  |  |  |
|             | Yes. Inwhich community state or territory did you live?  | I        | Fill in the name and current address of that person. |  |  |  |  |  |  |  |
|             | Name of your spouse, former spouse or legal equivalent   |          |  |  |  |  |  |  |  |  |
|             | Number Street  |          |  |  |  |  |  |  |  |  |
|             | City State   | Zip Code |  |  |  |  |  |  |  |  |
| s           | <ol> <li>In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.</li> </ol> Column 1: Your codebtor Column 2: The creditor to whom you owe the debt |          |  |  |  |  |  |  |  |  |
| 3.1         |  |          | Check all schedules that apply:                      |  |  |  |  |  |  |  |
| •••         | Alex Gilmour   |          | Schedule D, line1                                    |  |  |  |  |  |  |  |
|             | Name 918 Thomas Ave 1  |          | Schedule E/F, line                                   |  |  |  |  |  |  |  |
|             | Number Street Forest Park IL   | 60130    | Schedule G, line                                     |  |  |  |  |  |  |  |
| 1           | City State   | Zip Code | _  |  |  |  |  |  |  |  |
| 3.2         |  |          | Schedule D, line                                     |  |  |  |  |  |  |  |
|             | Name   |          | Schedule E/F, line                                   |  |  |  |  |  |  |  |
|             | Number Street  |          | Schedule G, line                                     |  |  |  |  |  |  |  |
|             | City State   | Zip Code |  |  |  |  |  |  |  |  |
| 3.3         |  |          | Schedule D, line                                     |  |  |  |  |  |  |  |
|             | Name   |          | Schedule E/F, line                                   |  |  |  |  |  |  |  |
|             | Number Street  |          | Schedule G, line                                     |  |  |  |  |  |  |  |
|             | City State   | Zip Code |  |  |  |  |  |  |  |  |

| Debtor 1         Jessica         Michelle           First Name         Middle Name | Berry     |  |  |  |  |  |
|--|-----------|--|--|--|--|--|
| First Name Middle Name   |           |  |  |  |  |  |
|  | Last Name |  |  |  |  |  |
| Debtor 2   |           |  |  |  |  |  |
| (Spouse, if filing) First Name Middle Name   | Last Name |  |  |  |  |  |
| United States Bankruptcy Court for the :NORTHERN DISTRICT OF ILLINOIS              |           |  |  |  |  |  |
| Case Number(If known)  |           |  |  |  |  |  |

| ck if this is: An amended filing A supplement showing post-petition |  |  |  |  |  |
|---|--|--|--|--|--|
| chapter 13 income as of the following date:  MM / DD / YYYY         |  |  |  |  |  |

### Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment  |                          |                         |                               |                                   |  |  |  |
|----|--|--------------------------|-------------------------|-------------------------------|-----------------------------------|--|--|--|
| 1. | Fill in your employment information  | Debtor 1                 |                         | Debtor 2 or non-filing spouse |                                   |  |  |  |
|    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status        | X Employed Not employed | ı                             | Employed  Not employed            |  |  |  |
|    | Include part-time, seasonal, or self-employed work.  | Occupation               | Documentation S         | pecialist                     |                                   |  |  |  |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name           | Aspire Homehealt        | th Care                       |                                   |  |  |  |
|    |  | Employers address        | 8930 Waukegan R         | td                            |                                   |  |  |  |
|    |  |                          | Morton Grove, IL        | 60053                         | ,                                 |  |  |  |
|    |  |                          |                         |                               |                                   |  |  |  |
|    |  | How long employed there? | Since 1/1/2014          |                               |                                   |  |  |  |
|    |  |                          |                         |                               |                                   |  |  |  |
|    | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |                         |                               |                                   |  |  |  |
|    |  |                          |                         | For Debtor 1                  | For Debtor 2 or non-filing spouse |  |  |  |
| 2. | List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.   |                          |                         | \$4,580.62                    | \$0.00                            |  |  |  |
| 3. | 3. Estimate and list monthly overtime pay.   |                          |                         | \$0.00                        | \$0.00                            |  |  |  |
| 4. | 4. Calculate gross income. Add line 2 + line 3.  |                          |                         | \$4,580.62                    | \$0.00                            |  |  |  |

 Official Form 106I
 Record #
 790272
 Schedule I: Your Income
 Page 1 of 2

Case 18-23852 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Doc 1 Page 31 of 57

Document Jessica Michelle Debtor 1 Case Number (if known) First Name Middle Name Last Name

|                                  |                        |   |                                  | For Debtor 1              |         | Debtor 2 or filing spouse |       |                  |
|----------------------------------|------------------------|---|----------------------------------|---------------------------|---------|---------------------------|-------|------------------|
|                                  | Copy                   | y line 4 here   | 4.                               | \$4,580.62                |         | \$0.00                    |       |                  |
| 5. <b>Li</b>                     |                        | payroll deductions:   | _                                |                           |         |                           |       |                  |
|                                  |                        | ax, Medicare, and Social Security deductions  | 5a.<br>                          | \$1,064.29                |         | \$0.00                    |       |                  |
|                                  |                        | Mandatory contributions for retirement plans  | 5b.<br>—                         | \$0.00                    |         | \$0.00                    |       |                  |
|                                  |                        | oluntary contributions for retirement plans   | 5c.<br>—                         | \$0.00                    |         | \$0.00                    |       |                  |
|                                  |                        | Required repayments of retirement fund loans  | 5d.<br>                          | \$0.00                    |         | \$0.00                    |       |                  |
|                                  |                        | nsurance  | 5e.<br><br>5f.                   | \$0.00                    |         | \$0.00                    |       |                  |
| 5f. Domestic support obligations |                        |   |                                  | \$0.00                    |         | \$0.00                    |       |                  |
|                                  | _                      | Inion dues  | 5g.                              | \$0.00                    |         | \$0.00                    |       |                  |
| 0.4                              |                        | Other deductions. Specify:  | 5h.<br>—                         | \$0.00                    |         | \$0.00                    |       |                  |
|                                  |                        | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.<br>_ <b>=</b>                 | \$1,064.29                |         | \$0.00                    |       |                  |
|                                  |                        | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.                               | \$3,516.33                |         | \$0.00                    |       |                  |
| 8. Lis                           |                        | other income regularly received:  |                                  |                           |         |                           |       |                  |
|                                  | 8a.                    | Net income from rental property and from operating a business,  |                                  |                           |         |                           |       |                  |
|                                  |                        | profession, or farm   |                                  |                           |         |                           |       |                  |
|                                  |                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                                  |                           |         |                           |       |                  |
|                                  |                        | monthly net income.   | 8a.                              | \$0.00                    |         | \$0.00                    |       |                  |
|                                  | 8b.                    | Interest and dividends  | 8b.                              | \$0.00                    |         | \$0.00                    |       |                  |
|                                  | 8c.                    | Family support payments that you, a non-filing spouse, or a   | 8c.                              | \$ 0.00                   |         | \$ 0.00                   |       |                  |
|                                  |                        | dependent regularly receive   |                                  |                           |         |                           |       |                  |
|                                  |                        | Include alimony, spousal support, child support, maintenance, divorce   |                                  |                           |         |                           |       |                  |
|                                  |                        | settlement, and property settlement.  |                                  |                           |         |                           |       |                  |
|                                  | 8d.                    | Unemployment compensation   | 8d.                              | \$0.00                    |         | \$0.00                    |       |                  |
|                                  | 8e.                    | Social Security   | 8e.                              | \$0.00                    |         | \$0.00                    |       |                  |
|                                  | 8f.                    | Other government assistance that you regularly receive  | 8f.                              | \$0.00                    |         | \$0.00                    |       |                  |
|                                  |                        | Include cash assistance and the value (if known) of any non-cash  |                                  |                           |         |                           |       |                  |
|                                  |                        | assistance that you receive, such as food stamps (benefits under the  |                                  |                           |         |                           |       |                  |
|                                  |                        | Supplemental Nutrition Assistance Program) or housing subsidies.  |                                  |                           |         |                           |       |                  |
|                                  | •                      | Specify:  |                                  |                           |         | •••                       |       |                  |
|                                  | 8g.                    | Pension or retirement income  | 8g.<br>—                         | \$0.00                    |         | \$0.00                    |       |                  |
|                                  | 8h.                    | Other monthly income. Specify:  | 8h.<br>—                         | \$0.00                    |         | \$0.00                    |       |                  |
| 9.                               | Add                    | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9                                | \$0.00                    |         | \$0.00                    |       |                  |
| 10.                              | Calc                   | ulate monthly income. Add line 7 + line 9.  | 10.                              | \$3,516.33 +              |         | \$0.00                    | Г     | \$3,516.33       |
|                                  | Add                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | <u> </u>                         | , -, -                    |         | <b>V</b>                  | _     | +0,010.00        |
| 11.                              | Inclu<br>other<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependent<br>ot available to |                           |         |                           | 11    | \$0.00           |
| 12.                              |                        | the amount in the last column of line 10 to the amount in line 11. The res  |                                  | •                         |         |                           | _<br> | <b>60 540 00</b> |
| 40                               |                        | e that amount on the Summary of Schedules and Statistical Summary of Ce   |                                  | s and Related Data, if it | applies |                           | 12.   | \$3,516.33       |
| 13.                              | x I                    | ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:  | · · ·                            |                           |         |                           |       |                  |

| Fill in this in                 | formation to identify y                       | our case:                   |                              |  |  |                               |
|---------------------------------|---|-----------------------------|------------------------------|--|--|-------------------------------|
| Debtor 1                        | Jessica                                       | Michelle                    | Berry                        | Check if this is:  |  |                               |
|                                 | First Name                                    | Middle Name                 | Last Name                    | An amende  | ū                                      |                               |
| Debtor 2<br>(Spouse, if filing) | First Name                                    | Middle Name                 | Last Name                    |  | ent showing post<br>of the following d | -petition chapter 13          |
| United States                   | Bankruptcy Court for the :                    | NORTHERN DISTRICT O         | F ILLINOIS                   |  |  | ato.                          |
| Case Number<br>(If known)       |   |                             | _                            | MM / DD / Y  | YYYY                                   |                               |
| Official C                      | orm 106 l                                     |                             |                              |  | _                                      | 2 because Debtor 2            |
|                                 | <u>orm 106J</u>                               |                             |                              | maintains a  | separate house                         | hold.                         |
| Schedul<br>———                  | e J: Your Ex                                  | penses                      |                              |  |  | 12/15                         |
| -                               |   |                             |                              | n are equally responsible for supplyii<br>ages, write your name and case num | _                                      |                               |
| Part 1:                         | Describe Your Household                       | d                           |                              |  |  |                               |
| 1. Is this a joi                | nt case?                                      |                             |                              |  |  |                               |
|                                 | Go to line 2.                                 |                             |                              |  |  |                               |
| Yes. I                          | Does Debtor 2 live in a                       | separate household?         |                              |  |  |                               |
|                                 | <u> </u>                                      | ıst file a separate Schedul | e J.                         |  |  |                               |
|                                 |   |                             |                              |  |  |                               |
| 2. Do you h                     | nave dependents?                              | ∐ No                        |                              | Dependent's relationship to<br>Debtor 1 or Debtor 2                          | Dependent's age                        | Does dependent live with you? |
| Do not lis<br>Debtor 2          | st Debtor 1 and                               |                             | this information for<br>dent |  | - 101                                  | No                            |
| Do not si                       | tate the dependents'                          |                             |                              | Son  | _ 3                                    | X Yes                         |
| names.                          |   |                             |                              |  |  | X No                          |
|                                 |   |                             |                              |  |  | Yes                           |
|                                 |   |                             |                              |  |  | X No                          |
|                                 |   |                             |                              |  |  | Yes                           |
|                                 |   |                             |                              |  |  | X No                          |
|                                 |   |                             |                              |  |  | Yes                           |
|                                 |   |                             |                              |  |  |                               |
| 3. Do your                      | expenses include                              |                             |                              |  |  | Yes                           |
| expense                         | s of people other than<br>and your dependents |                             |                              |  |  |                               |
|                                 |   | . Ш                         |                              |  |  |                               |
|                                 | estimate Your Ongoing N                       |                             | nee you are using this for   | rm as a supplement in a Chapter 13 c   | ease to report                         |                               |
| expenses as o                   | f a date after the bank                       |                             |                              | J, check the box at the top of the form                                      |  |                               |
| the applicable                  |   | cash government assista     | nce if you know the value    | 1  |  |                               |
|                                 | •   | d it on Schedule I: Your I  | =                            |  | Υ                                      | our expenses                  |
| 4. The rent                     | al or home ownership                          | expenses for your reside    | ence. Include first mortgag  | ge payments and  |  |                               |
| any rent                        | for the ground or lot.                        |                             |                              |  | 4.                                     | \$1,650.00                    |
| If not inc                      | cluded in line 4:                             |                             |                              |  |  |                               |
| 4a. Re                          | al estate taxes                               |                             |                              |  | 4a.                                    | \$0.00                        |
|                                 | operty, homeowner's, o                        |                             |                              |  | 4b.                                    | \$0.00                        |
|                                 | -   | r, and upkeep expenses      |                              |  | 4c.                                    | \$15.00<br>\$0.00             |
| 4d. Ho                          | meowner's association                         | oi condominium dues         |                              |  | 4d.                                    | φυ.υυ                         |

Schedule J: Your Expenses

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Page 33 of 57

Document Michelle Jessica Debtor 1 Case Number (if known) \_

| tor 1 <u>368</u>   | - Managaran Madala Nasara                          | L 4 M                                    | Case Number (if known) |             |         |
|--------------------|--|--|------------------------|-------------|---------|
| FIRST              | st Name Middle Name                                | Last Name                                |                        | Your expens | ses     |
| Additio            | ional Mortgage payments for your resid             | ence, such as home equity loans          | 5.                     |             | \$0.0   |
| Utilitie           |  | · · · · · · · · · · · · · · · · · · ·    |                        |             |         |
|                    | Electricity, heat, natural gas                     |  | 6a.                    |             | \$90.0  |
| 6b. V              | Water, sewer, garbage collection                   |  | 6b.                    |             | \$0.0   |
| 6c. T              | Telephone, cell phone, internet, satellite,        | and cable service                        | 6c.                    |             | \$120.0 |
| 6d. C              | Other. Specify:                                    |  | 6d.                    | \$          | 0.0     |
|                    | and housekeeping supplies                          |  | 7.                     |             | \$500.0 |
| Childo             | care and children's education costs                |  | 8.                     |             | \$100.  |
| Clothi             | ing, laundry, and dry cleaning                     |  | 9.                     |             | \$90.   |
|                    | onal care products and services                    |  | 10.                    |             | \$40.   |
|                    | cal and dental expenses                            |  | 11.                    |             | \$40.   |
| . Transı           | portation. Include gas, maintenance, but           | s or train fare.                         | 12.                    |             | \$289.  |
|                    | t include car payments.                            |  |                        |             |         |
| Entert             | tainment, clubs, recreation, newspapers            | s, magazines, and books                  | 13.                    |             | \$60.   |
| Charit             | table contributions and religious donati           | ons                                      | 14.                    |             | \$0.    |
| . Insura<br>Do not | ance.<br>It include insurance deducted from your p | ay or included in lines 4 or 20.         |                        |             |         |
| 15a. Li            | ife insurance                                      |  | 15a.                   |             | \$0.    |
| 15b. H             | Health insurance                                   |  | <b>15</b> b.           |             | \$0.    |
| 15c. V             | /ehicle insurance                                  |  | <b>15c.</b>            |             | \$120.  |
| 15d. O             | Other insurance. Specify:                          |  | <b>15</b> d.           |             | \$0.    |
| . Taxes.           | . Do not include taxes deducted from you           | ur pay or included in lines 4 or 20.     |                        |             |         |
| Specif             | fy:  |  | 16.                    |             | \$0.    |
| . Install          | lment or lease payments:                           |  |                        |             |         |
| 17a. C             | Car payments for Vehicle 1                         |  | 17a.                   |             | \$318.  |
| 17b. C             | Car payments for Vehicle 2                         |  | 17b.                   |             | \$0.    |
| 17c. O             | Other. Specify:                                    |  | 17c.                   |             | \$0.    |
| 17d. O             | Other. Specify:                                    |  | 17d.                   |             | \$0.    |
| . Your p           | payments of alimony, maintenance, and              | support that you did not report as dedu  | cted                   |             |         |
| from y             | your pay on line 5, Schedule I, Your Inc           | ome (Official Form 106I).                | 18.                    |             | \$0.    |
| Other              | payments you make to support others                | who do not live with you.                |                        |             |         |
| Specif             | fy:  |  | 19.                    |             | \$0.    |
| Other              | real property expenses not included in             | lines 4 or 5 of this form or on Schedule | l: Your Income.        |             |         |
| 20a. M             | Mortgages on other property                        |  | 20a.                   |             | \$ 0.   |
| 20b. R             | Real estate taxes                                  |  | 20b.                   | \$          | 0.      |
| 20c. P             | Property, homeowner's, or renter's insura          | nce                                      | 20c.                   | \$          | 0.      |
| 20d. M             | Maintenance, repair, and upkeep expense            | es                                       | 20d.                   | \$          | 0.      |
| 20e. H             | Homeowner's association or condominiun             | n dues                                   | 20e.                   | \$          | 0.0     |

Official Form 106J Record # 790272 Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 34 of 57

| Debtor | 1 Jessi   | ca iviiciieiie                            | berry                             | Case Number (if known) |               |            |
|--------|-----------|---|-----------------------------------|------------------------|---------------|------------|
|        | First Na  | me Middle Name                            | Last Name                         |                        |               |            |
| 21.    | Other. S  | pecify:Postage/Bank Fees (\$5.00),        |                                   | -                      | 21.           | \$5.00     |
| 22     | Your mo   | nthly expense: Add lines 4 through 21.    |                                   |                        | 22.           | \$3,437.00 |
|        | The resu  | It is your monthly expenses.              |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
| 23.    | Calculate | e your monthly net income.                |                                   |                        |               |            |
|        | 23a.      | Copy line 12 (your comibined monthly i    | ncome) from Schedule I.           |                        | 23a.          | \$3,516.33 |
|        | 23b.      | Copy your monthly expenses from line      | 22 above.                         |                        | 23b. <b>–</b> | \$3,437.00 |
|        | 23c.      | Subtract your monthly expenses from y     | our monthly income.               |                        | 23c.          | \$79.33    |
|        |           | The result is your monthly net income.    |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
| 24.    | Do vou e  | expect an increase or decrease in your e  | xpenses within the year after you | file this form?        |               |            |
|        | For exam  |   |                                   |                        |               |            |
|        |           | e payment to increase or decrease because |                                   | • •                    |               |            |
|        | X No      |   |                                   |                        |               |            |
|        | Yes       | . Explain Here:                           |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |
|        |           |   |                                   |                        |               |            |

 Official Form 106J
 Record #
 790272
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this in   | Fill in this information to identify your case: |             |           |  |  |  |
|---|---|-------------|-----------|--|--|--|
| Debtor 1  | Jessica   | Michelle    | Berry     |  |  |  |
|   | First Name                                      | Middle Name | Last Name |  |  |  |
| Debtor 2  |   |             |           |  |  |  |
| (Spouse, if filing)   | First Name                                      | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the :NORTHERN District of _ILLINOIS(State) |   |             |           |  |  |  |
| Case Number<br>(If known)   | r   |             | _         |  |  |  |

### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Under penalty of perjury, I declare that I have reac<br>correct.                                  | d the summary and schedules filed with this declaration and that they are true and            |  |  |  |  |  |
| 🗶 /s/ Jessica Michelle Berry  | ×   |  |  |  |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |
| Date 08/22/2018<br>MM / DD / YYYY   | Date  |  |  |  |  |  |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 36 of 57

| Fill in this in  | Fill in this information to identify your case: |             |           |   |  |  |
|--|---|-------------|-----------|---|--|--|
| Debtor 1   | Jessica   | Michelle    | Berry     |   |  |  |
|  | First Name                                      | Middle Name | Last Name | _ |  |  |
| Debtor 2   | -   |             |           |   |  |  |
| (Spouse, if filing)  | First Name                                      | Middle Name | Last Name |   |  |  |
| United States Bankruptcy Court for the : NORTHERN District of ILLINOIS |   |             |           |   |  |  |
|  |   |             | (State)   | ļ |  |  |
| Case Number<br>(If known)  | r   |             | _         |   |  |  |
|  |   |             |           |   |  |  |

# Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question.                         |  |                        |             |                |  |  |  |
|---|--|------------------------|-------------|----------------|--|--|--|
| Give Details About Your Marital Status and Where You Lived Before |  |                        |             |                |  |  |  |
| 01.   | 01. What is your current marital status?   |                        |             |                |  |  |  |
|   | Married  |                        |             |                |  |  |  |
|   | Not married  |                        |             |                |  |  |  |
|   | _  |                        |             |                |  |  |  |
| 02  | During the last 3 years, have you lived anywhere other tha   | an where you live now  | ??          |                |  |  |  |
|   | No.  |                        | But was     |                |  |  |  |
|   | Yes. List all of the places you lived in the last 3 years. Do  | o not include where yo | u live now. |                |  |  |  |
|   | Debtor 1   | Dates Debtor 1         | Debtor 2:   | Dates Debtor 2 |  |  |  |
|   |  | lived there            |             | lived there    |  |  |  |
| 03  | Within the last 8 years, did you ever live with a spouse or property states and territories include Arizona, California, and Wisconsin.) |                        |             |                |  |  |  |
|   | No.  |                        |             |                |  |  |  |
|   | Yes. Make sure you fill out Schedule H: Your Codebtors   | (Official Form 106H).  |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   | Explain the Sources of Your Income   |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |
|   |  |                        |             |                |  |  |  |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 37 of 57

Debtor 1 Jessica Michelle Berry Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$34,405 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$49,011 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2017) Operating a business Operating a business Wages, commissions, Approx. \$41,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 38 of 57

Jessica Michelle Berry Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments **ALLY Financial 200 Renaissance** \$ 12,908 Monthly 954 ■ Mortgage Car Ctr Detroit MI 48243 Credit card Loan repayment Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Part 4: Identify Legal actions, Repossessions, and Foreclosures

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 39 of 57

| Debtor 1    | Jessica  | Michelle  | Berry                            | Case Number (if known)  |                    |  |
|-------------|--|---|----------------------------------|---|--------------------|--|
|             | First Name   | Middle Name                                       | Last Name                        |   |                    |  |
| Li          |  | uding personal injury cas                         |                                  | urt action, or administrative proceeding?<br>ces, collection suits, paternity actions, support or cus | tody               |  |
|             | No.  |   |                                  |   |                    |  |
|             | Yes. Fill in the details   | <b>3.</b>   |                                  |   |                    |  |
|             |  |   | Nature of the case               | Court or agency   | Status of the case |  |
|             | Capital One Bank U   | J VS Jessica Berry;                               | Debt Collection                  | Circuit Court of Cook County, Illinois  | Pending            |  |
|             | Case #17M4-00392   | 20  |                                  |   | On appeal          |  |
|             |  |   |                                  |   | Concluded          |  |
|             |  |   |                                  |   | _                  |  |
|             |  |   |                                  |   |                    |  |
|             | Midland Funding Llo  | c VS Jessica Berry;                               | Debt Collection                  | Circuit Court of Cook County, Illinios  | Pending            |  |
|             | Case #18M4-643   |   |                                  |   | On appeal          |  |
|             |  |   |                                  |   | Concluded          |  |
|             |  |   |                                  |   |                    |  |
|             |  |   |                                  |   |                    |  |
|             | /ithin 1 year before you heck all that apply and   |   | any of your property repossess   | sed, foreclosed, garnished, attached, seized, or levie  | ed?                |  |
|             | No. Go to line 11  |   |                                  |   |                    |  |
|             | Yes. Fill in the inform  | ation below.                                      |                                  |   |                    |  |
|             |  |   |                                  |   |                    |  |
|             | = =  | ou filed for bankruptcy,<br>ment because you owed |                                  | pank or financial institution, set off any amounts fr   | om your accounts   |  |
|             | No. Go to line 11  |   |                                  |   |                    |  |
|             | Yes. Fill in the inform  | ation below.                                      |                                  |   |                    |  |
|             | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? |   |                                  |   |                    |  |
| _           | No.  |   |                                  |   |                    |  |
| L           | Yes.   |   |                                  |   |                    |  |
| Part        | List Certain Gifts   | s and Contributions                               |                                  |   |                    |  |
| 13 <b>W</b> | /ithin 2 years before yo   | ou filed for bankruptcy,                          | did you give any gifts with a to | otal value of more than \$600 per person?   |                    |  |
|             | No.  |   |                                  |   |                    |  |
| -           | Yes. Fill in the details   | s for each gift                                   |                                  |   |                    |  |
| _           | <del>_</del>   |   | did vou give any gifts or contr  | ibutions with a total value of more than \$600 to ar  | nv charity?        |  |
|             | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  |   |                                  |   |                    |  |
| -           | No. Yes. Fill in the details   | for each aift                                     |                                  |   |                    |  |
| L           | Tes. Fill III the details  | s for each gift.                                  |                                  |   |                    |  |
| Pari        | 6: List Certain Loss   | ses   |                                  |   |                    |  |
|             | /ithin 1 year before yoւ<br>ambling?   | ı filed for bankruptcy or                         | since you filed for bankrupto    | y, did you lose anything because of theft, fire, other  | er disaster, or    |  |
|             | No.  |   |                                  |   |                    |  |
|             | Yes. Fill in the details   | for each gift.                                    |                                  |   |                    |  |
|             |  |   |                                  |   |                    |  |
| Par         | List Certain Pay   | ments or Transfers                                |                                  |   |                    |  |
| C           | onsulted about seeking   | g bankruptcy or prepari                           | ng a bankruptcy petition?        | on your behalf pay or transfer any property to anyonencies for services required in your bankruptcy.  | one you            |  |
| Г           | ¬No.   |   |                                  |   |                    |  |
|             | Yes. Fill in the details   | <b>S</b>  |                                  |   |                    |  |
|             | _  |   |                                  |   |                    |  |
|             |  |   |                                  |   |                    |  |
|             |  |   |                                  |   |                    |  |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

Jessica Michelle Document Page 40 of 57

Serry Case Number (if known) \_\_\_\_\_\_

Last Name

|    | Party Contact Info  | Description and value of             | any property transferred |                   | e payment<br>ansfer  | Amount of payment |
|----|---|--------------------------------------|--------------------------|-------------------|----------------------|-------------------|
|    | Geraci Law L.L.C. 55 E. Monroe Street #3400 Chicago,IL 60603  | Attorney Fees                        |                          | July t<br>2018    | o August,            | \$900.00          |
|    | Party Contact Info  | Description and value of             | any property transferred |                   | e payment<br>ransfer | Amount of payment |
|    | Hananwill Credit Counseling  115 N. Cross St.  Robinson, IL 62454   | Credit Counseling Services           |                          | 2018              |                      | \$25.00           |
| 17 | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that  No.  Yes. Fill in the details.  | s or to make payments to your cre    |                          | fer any property  | to anyone v          | vho               |
| 18 | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement.  No.  Yes. Fill in the details for each gift. |                                      |                          |                   |                      |                   |
| 19 | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No.  Yes. Fill in the details for each gift.   |                                      |                          |                   |                      |                   |
| P  | List Certain Financial Accounts, Instru   | ments, Safe Deposit Boxes, and Stor  | age Units                |                   |                      |                   |
| 20 | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associon No.  Yes. Fill in the details.   | v, were any financial accounts or in | struments held in your r |                   | ions, broke          | ·                 |
| 21 | Do you now have, or did you have within 1 y cash, or other valuables?  No.  Yes. Fill in the details.   | ear before you filed for bankruptcy  | , any safe deposit box o | r other depositor | y for securi         | ties,             |
|    |   | Who else had access to it?           | Describe the content     | nts               | Do y<br>have         | ou still<br>it?   |

Debtor 1

First Name

Middle Name

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 41 of 57

| Debtor 1    | Jessica   | Michelle              | Berry                                   | Case Number (if known)   |                    |  |  |  |
|-------------|---|-----------------------|---|--|--------------------|--|--|--|
|             | First Name  | Middle Name           | Last Name                               |  |                    |  |  |  |
| 22 H        | ave you stored property   | n a storage unit o    | r place other than your home within     | 1 year before you filed for bankruptcy?  |                    |  |  |  |
|             | No.   |                       |   |  |                    |  |  |  |
| -           |   |                       |   |  |                    |  |  |  |
| L           | Yes. Fill in the details.   |                       | Who else has or had access to it?       | Describe the contents  | Do you still       |  |  |  |
|             |   |                       | willo else has of had access to it:     | Describe the contents  | have it?           |  |  |  |
| Par         | Identify Property Y   | ou Hold or Control f  | or Someone Else                         |  |                    |  |  |  |
|             |   |                       |   |  |                    |  |  |  |
|             | o you hold or control any<br>or someone.  | property that son     | neone else owns? Include any prope      | rty you borrowed from, are storing for, o  | or hold in trust   |  |  |  |
|             | No.   |                       |   |  |                    |  |  |  |
|             | Yes. Fill in the details.   |                       |   |  |                    |  |  |  |
|             | Where is the property?  Describe the property  Value  |                       |   |  |                    |  |  |  |
|             |   |                       |   |  |                    |  |  |  |
| Part        | Give Details About  | Environmental Info    | rmation                                 |  |                    |  |  |  |
| For th      | e purpose of Part 10, the   | following definition  | ons apply:                              |  |                    |  |  |  |
| ha          | zardous or toxic substan  | ces, wastes, or ma    | =                                       | ning pollution, contamination, releases of water, groundwater, or other medium, stes, or material. | of                 |  |  |  |
|             | te means any location, fa<br>or used to own, operate,   |                       | <del>-</del>                            | law, whether you now own, operate, or t  | utilize            |  |  |  |
|             | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |                       |   |  |                    |  |  |  |
| Repo        | rt all notices, releases, an  | d proceedings tha     | nt you know about, regardless of whe    | en they occurred.  |                    |  |  |  |
| 24 H        | as any governmental uni   | t notified you that   | you may be liable or potentially liable | e under or in violation of an environmen   | ıtal law?          |  |  |  |
| ı           | No.   |                       |   |  |                    |  |  |  |
| -<br>-      | Yes. Fill in the details.   |                       |   |  |                    |  |  |  |
| _           |   |                       | Governmental unit                       | Environmental law, if you know it  | Date of notice     |  |  |  |
| ٥٠          |   |                       |   |  |                    |  |  |  |
| 25 H        | ave you notified any gov  | ernmental unit of a   | any release of hazardous material?      |  |                    |  |  |  |
|             | No.   |                       |   |  |                    |  |  |  |
|             | Yes. Fill in the details.   |                       |   |  |                    |  |  |  |
|             |   |                       | Governmental unit                       | Environmental law, if you know it  | Date of notice     |  |  |  |
| 26 ⊔        | ava vau baan a narty in a   | ny judiajal ar adm    | injetrative proceeding under any on     | vironmental law2 Include cattlements on  | nd ordoro          |  |  |  |
| 20 N        | ave you been a party in a   | ily judicial of autil | inistrative proceeding under any env    | rironmental law? Include settlements an  | u oruers.          |  |  |  |
|             | No.   |                       |   |  |                    |  |  |  |
|             | Yes. Fill in the details.   |                       |   |  |                    |  |  |  |
|             |   |                       | Court or agency                         | Nature of the case   | Status of the case |  |  |  |
|             |   |                       |   |  |                    |  |  |  |
| Part        | Give Details About  | Your Business or Co   | onnections to Any Business              |  |                    |  |  |  |
| 27 <b>V</b> | ithin 4 years before you  | filed for bankrupto   | y, did you own a business or have a     | ny of the following connections to any b   | ousiness?          |  |  |  |
|             | A sole proprietor or  | self-employed in      | a trade, profession, or other activity, | either full-time or part-time  |                    |  |  |  |
|             | A member of a limit   | ed liability compa    | ny (LLC) or limited liability partnersh | ip (LLP)   |                    |  |  |  |
|             | A partner in a partn  | ership                |   |  |                    |  |  |  |
|             | An officer, director,   | -                     | cutive of a corporation                 |  |                    |  |  |  |
|             | <u> </u>  |                       | or equity securities of a corporation   |  |                    |  |  |  |
|             | - All owner or at leas  | to 70 or the votility | or equity securities of a corporation   |  |                    |  |  |  |
|             | No. None of the above a   | applies. Go to Part   | 12.                                     |  |                    |  |  |  |
| Ī           | Yes. Check all that appl  | y above and fill in t | he details below for each business.     |  |                    |  |  |  |
| _           | =   |                       |   |  |                    |  |  |  |
|             |   |                       |   |  |                    |  |  |  |
|             |   |                       |   |  |                    |  |  |  |
|             |   |                       |   |  |                    |  |  |  |
|             |   |                       |   |  |                    |  |  |  |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 42 of 57

| Debtor 1 | Jessica                 | Michelle                              | Berry                              | Case Number (if known)   |     |
|----------|-------------------------|---------------------------------------|------------------------------------|--|-----|
|          | First Name              | Middle Name                           | Last Name                          |  |     |
|          | thin 2 years before y   | · · · · · · · · · · · · · · · · · · · | you give a financial statement t   | o anyone about your business? Include all financial  |     |
|          | No.                     |                                       |                                    |  |     |
|          | Yes. Fill in the detail | ls.                                   |                                    |  |     |
|          |                         | Date is:                              | sued                               |  |     |
| Part 12  | Sign Below              |                                       |                                    |  |     |
|          | .S.C. §§ 152, 1341, 1   | 519, and 3571.                        | *                                  | ment for up to 20 years, or both.  |     |
| •        | Signature of Debtor     |                                       | Signature of                       | Debtor 2   |     |
|          | Date 08/22/2018         |                                       | Date                               | DD / YYYY  |     |
|          | MM / DD /               | YYYY                                  | MM /                               | DD / YYYY  |     |
| Did y    | No<br>Yes               |                                       | of Financial Affairs for Individua | ds Filing for Bankruptcy (Official Form 107)? kruptcy forms?   |     |
|          | Yes. Name of perso      | n                                     |                                    | Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119 | )). |

| Fill in this              | Caco 19                   |                                    | Filad 09/22/19 Enta                   | red 08/23/18 15:11:36<br>3 of 57   | 6 Desc Main   |
|---------------------------|---------------------------|------------------------------------|---------------------------------------|--|---|
|                           |                           | •                                  |                                       | 3 01 37  |   |
| Debtor 1                  | Jessica                   | Michelle                           | Berry                                 |  |   |
|                           | First Name                | Middle Name                        | Last Name                             |  |   |
| Debtor 2                  | ) First Name              | Middle Name                        | Last Name                             |  |   |
| (Spouse, if filing)       | ) riistivame              | middle Name                        | Last Name                             |  |   |
| United State              | es Bankruptcy Court for t | he : <u>NORTHERN</u> District of _ | ILLINOIS_<br>(State)                  |  | _   |
| Case Numb                 | per                       |                                    | — (State)                             |  | Check if this is an                                 |
| (If known)                |                           |                                    |                                       |  | amended filing                                      |
| Official I                | Form 108                  |                                    |                                       |  |   |
|                           |                           | tion for Individua                 | ls Filing Under Cha                   | pter 7   | 12 <i>l</i> -                                       |
| f you are an i            | ndividual filing unde     | r chapter 7, you must fill out     | this form if:                         |  |   |
|                           | ave claims secured b      |                                    |                                       |  |   |
| =                         |                           | rty and the lease has not exp      |                                       | the data ant for the meeting of are  | ditoro  |
|                           |                           | -                                  |                                       | the date set for the meeting of cre<br>the creditors and lessors you list. | ultors,   |
|                           | •                         |                                    | e equally responsible for supplying   | •  |   |
|                           | must sign and date t      | ·                                  |                                       |  |   |
| Be as comple              | te and accurate as p      | ossible. If more space is need     | ded, attach a separate sheet to thi   | is form. On the top of any additiona                                       | al pages,   |
| write your nai            | me and case number        | (if known).                        |                                       |  |   |
| Part 1:                   | List Your Creditors V     | Vho Have Secured Claims            |                                       |  |   |
| For any cr<br>information | =                         | ed in Part 1 of Schedule D: Cr     | editors Who Have Claims Secure        | d by Property (Official Form 106D),  | , fill in the                                       |
| Identify th               | e creditor and the pr     | operty that is collateral          | What do you intend to secures a debt? | do with the property that  | Did you claim the property as exempt on Schedule C? |
| Creditor'                 | 's                        |                                    | ☐ Surrender the                       | property   | ■ No  |
| name:                     | ALLY Fina                 | ncial                              | _                                     | pperty and redeem it   | <u> </u>  |
|                           |                           | xB with over 77,000 miles          | <u> </u>                              | pperty and enter into a  | ∐ Yes   |
| Descript                  |                           | XD WILL OVEL 11,000 TIMES          | Reaffirmation                         | • •  |   |
| property<br>securing      |                           |                                    |                                       | pperty and [explain]:  |   |
|                           | , 400                     |                                    |                                       | porty and [orthodin].  | <del>.</del>  |
| Creditor'                 | 's                        |                                    | Surrender the                         | property   | □ No  |
| name:                     |                           |                                    | <u>=</u>                              | pperty and redeem it   | _   |
| D : 1                     |                           |                                    |                                       | pperty and enter into a  | ∐ Yes   |
| Descript property         |                           |                                    | Reaffirmation                         |  |   |
| securing                  |                           |                                    |                                       | pperty and [explain]:  |   |
|                           | ,                         |                                    |                                       |  | <u> </u>  |
| Creditor'                 | 's                        |                                    | ☐ Surrender the                       | property   | <br>□ No  |
| name:                     |                           |                                    | =                                     | pperty and redeem it   | _   |
|                           | • • •                     |                                    | <u> </u>                              | pperty and enter into a  | ∐ Yes   |
| Descript                  |                           |                                    | Reaffirmation                         | • •  |   |
| property<br>securing      |                           |                                    |                                       | pperty and [explain]:  |   |
| oooannig                  | , 4001.                   |                                    |                                       | porty and [explain].   | ·<br>   |
| Creditor'                 | <br>'s                    |                                    | Surrender the                         | property   |   |
| name:                     | -                         |                                    | <u> </u>                              | pperty and redeem it   | _   |
|                           |                           |                                    | <u>=</u>                              | operty and enter into a  | Yes   |
| Descript                  |                           |                                    | Reaffirmation                         | · •  |   |
| property<br>securing      |                           |                                    |                                       | pperty and [explain]:  |   |
| 3 <del>c</del> cuming     | g α <del>σ</del> υι.      |                                    |                                       | perty and [explain]  | -   |

Jessica

Case 18-23852

List Your Unexpired Personal Property Leases

Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

Document Page 44 of Page 44 of

| n Schedule G: Executory Contracts and Unexpired Le        | ases (Official Form 106G),  |
|---|---|
| Unexpired leases are leases that are still in effect; the | lease period has not yet  |
| ease if the trustee does not assume it. 11 U.S.C. § 365(  | p)(2).  |
|   |   |
|   | Will the lease be assumed?  |
|   | ☐ No  |
|   | Yes   |
|   |   |
|   |   |
|   | ☐ No  |
|   | Yes   |
|   | ☐ Yes   |
|   |   |
|   |   |
|   | □No   |
|   | Yes   |
|   |   |
|   |   |
|   | □No   |
|   | <br>□Yes  |
|   |   |
|   |   |
|   | □b.   |
|   | No  |
|   | □Yes  |
|   |   |
|   |   |
|   | □No   |
|   | Yes   |
|   |   |
|   |   |
|   | □No   |
|   | Yes   |
|   | □ res   |
|   |   |
|   |   |
|   |   |
|   | a dahé and any  |
| mention about any property of my estate that secures      | a dept and any  |
|   |   |
| <b>x</b>  |   |
| Signature of Debtor 2                                     | <del>_</del>  |
| Data  |   |
| MM / DD / YYYY  |   |
|   | Intention about any property of my estate that secures  Signature of Debtor 2  Date |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 45 of 57

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| Case No: Chapter: Chapter 7  DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept \$900.00 Prior to the filing of this statement I have received \$900.00 Balance Due \$0.00  2. The source of the compensation paid to me was: Debtor(s) Other: (specify)  3. The source of compensation to be paid to me is: Debtor(s) Other: (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in | In re     |  |                              |   |                              |
|--|-----------|--|------------------------------|---|------------------------------|
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  \$900.00  Prior to the filing of this statement I have received  \$900.00  Balance Due  \$900.00  2. The source of the compensation paid to me was:  Debtor(s)  Other: (specify)  3. The source of compensation to be paid to me is:  Debtor(s)  Other: (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   | Jessica I | Michelle Berry / Debtor                    |                              | Case No:                                |                              |
| <ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:</li></ol>  |           |  |                              | Chapter:                                | Chapter 7                    |
| compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due  So.00  2. The source of the compensation paid to me was: Debtor(s) Other: (specify)  3. The source of compensation to be paid to me is: Debtor(s) Other: (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |           | DISCLO                                     | SURE OF COMPENS              | ATION OF ATTORNEY FOR DE                | BTOR                         |
| Prior to the filing of this statement I have received  Balance Due  2. The source of the compensation paid to me was:  Debtor(s)  Other: (specify)  3. The source of compensation to be paid to me is:  Debtor(s)  Other: (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  | compens   | sation paid to me within one year bef      | ore the filing of the petiti | ion in bankruptcy, or agreed to be pa   | id to me, for services       |
| Balance Due  \$0.00  2. The source of the compensation paid to me was:  Debtor(s)  Other: (specify)  3. The source of compensation to be paid to me is:  Debtor(s)  Other: (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   | Fo        | r legal services, I have agreed to acce    | pt S                         | \$900.00                                |                              |
| <ol> <li>The source of the compensation paid to me was:         <ul> <li>Debtor(s)</li> <li>Other: (specify)</li> </ul> </li> <li>The source of compensation to be paid to me is:         <ul> <li>Debtor(s)</li> <li>Other: (specify)</li> </ul> </li> <li>I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.         <ul> <li>I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.</li> </ul> </li> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:</li> </ol>  | Pri       | for to the filing of this statement I have | e received                   | \$900.00                                |                              |
| Debtor(s)  Other: (specify)  The source of compensation to be paid to me is:  Debtor(s)  Other: (specify)  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  | Ba        | lance Due                                  |                              | \$0.00                                  |                              |
| <ul> <li>3. The source of compensation to be paid to me is:</li> <li>Debtor(s)  Other: (specify)</li> <li>4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.</li> <li>I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.</li> <li>5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:</li> </ul>  | 2. The    | e source of the compensation paid to       | ne was:                      |   |                              |
| Debtor(s)  Other: (specify)  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |           | Debtor(s) Other: (spe                      | ecify)                       |   |                              |
| I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   | 3. The    | e source of compensation to be paid t      | me is:                       |   |                              |
| <ul> <li>I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.</li> <li>I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.</li> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:</li> </ul>   |           | Debtor(s) Other: (spe                      | ecify)                       |   |                              |
| of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   | 4.        | I have not agreed to share the above       | • •                          | n with any other person unless they a   | are members and associates   |
| case, including:   |           | of my law firm. A copy of the agree        |                              |   |                              |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in   |           |  | ave agreed to render lega    | al service for all aspects of the bankr | uptcy                        |
| bankruptcy;  | a.        |  | tuation, and rendering a     | dvice to the debtor in determining w    | hether to file a petition in |
| b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  | b.        | Preparation and filing of any petition     | n, schedules, statements     | of affairs and plan which may be re-    | quired;                      |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Fee does NOT include any work done post-filing.   | -         | -  |                              | ot include the following service:       |                              |
| CERTIFICATION  |           |  | CERTIF                       | TICATION                                |                              |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.   |           | , ,  |                              | , ,                                     | for                          |
| Date: 08/23/2018 /s/ David Derrick Lugardo   |           | Date: 08/23/2018                           |                              |   |                              |
| Date Signature of Attorney   |           | Date                                       | Signatu                      | re of Attorney                          |                              |
| Geraci Law L.L.C.  Name of law firm  |           |  |                              |   |                              |

790272 Page 1 of 1 Record #

Case 18-23852 Geraci Law H. L.C. Wijnois Indiana Wisconsins: 11: Headquarters: 55 E. Montoe Street, #3400 Chicago, IL 60603 866,925,0702 CELENT CORNER WW

Date: 7/26/2018

Consultation Attorney: **F** 

CLENT CORNER WWW.INFOTAF

## Retainer Agreement Chapter 7 - Prefiling - Agreement to pay for pre-filing services

| Retainer Agreement to pay for pre  | e-tiling services                        |
|--|--|
| I retain Geraci Law L.L.C. to represent me in a Chapter 7 Bankruptcy proceeding from now until discharge bankruptcy petition in court, I agree to pay a <b>Pre-filing services Flat Fee</b> of \$ 900.00 at \$ {                                   | } today,                                 |
| \$ {} per {} starting {} and \${} by d   | lebit only. I will obtain from           |
| {} within 60 days of today. Bankruptcy is time-sensitive. After filing   | og in court any balance on the           |
| pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work to  | nefore signing is no charge              |
| The flat fee for work before filing pays for all work necessary to file this bankruptcy petition in c  | court Excluded: appearance in            |
| non-bankruptcy court or proceeding; taking calls from your creditors or collectors. Advantage of "flat fee",   | rather than hourly: you know in          |
| advance your entire cost unless additional work is required and it usually is cheaper, but you may choose  | to nay for our services billed at        |
| hourly rates of \$75 -\$450/hour, and pay in advance a security retainer, which may cost you more, or less that  | on a flat fee Advance Payment            |
| Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our ope   | erating account not into a client        |
| trust account. We will refund unearned fees. You may enter into a security retainer agreement with another   | law firm: we will not because we         |
| have found flat fees avoid surprises and a bill you did not expect. Payments before filing are applied first to  | fees then to costs After filing          |
| payments reimburse costs first, then fees. We may advance costs after filing.  | need, then to docto. Atter mining,       |
| Prepayment for services after filing: If you decide to pay, before filing in court, any amount in excess of the pre-   | filing Flat Fee, that will be applied to |
| the Flat Fee for post-filing services first, and then to costs. All fees become our property on payment and will be deposit  | ed into our operating account            |
| Excluded from Flat Fee: If you pre-pay for post filing services, the following are not included in the Estimated Flat  | Fee after filing, and will be charged    |
| at \$75-450 per hour: missed section 341 meetings; amendments to schedules; any motions including to reopen,   | avoid judgment liens, dismiss, for       |
| enlargement of time; contested matters such as objections to exemptions; attending rule 2004 examinations; rev specifically request from you; appearance in adversary proceedings or other courts will be billed at hourly rates.                  | iewing documents that we did not         |
| After we file your Chapter 7 bankruptcy in Court, we estimate your Flat Fee for all services after   | filing with the Claule with and          |
| closing to be \$1,400.00   plus \$335 Court cost reimbursement if applicable total: \$1,735.00  . The si   | ming with the Clerk, until case          |
| above are not included in the Flat Fee for services after filing.  | ame services listed in the paragran      |
| Payment by you for any post-filing services is entirely voluntary: Even if you refuse or are unable to pay   | us for post-filing services, we will     |
| perform all that fee services through discharge. We will not withdraw for non-payment of flat fee services such as appear  | aring at the first meeting of creditors  |
| and reaffirmations. For services that are not included in the Estimated Flat Fee after filing, we will represent you un  | less we ask the Court for leave to       |
| withdraw as your attorney or unless local rules do not require us to represent you, such as in an adversary proceedi   | ng. A separate agreement may be          |
| required in order to create any obligation to pay us for services and costs after filing, or for Additional Fees. The Ban  | kruptcy Code allows you to pay us        |
| voluntarily after filing, but we prefer a written agreement so there are no misunderstandings.   |  |
| <b>Pre-filing Termination</b> . Pre-filing, if you decide not to proceed, delay, fail to respond, fail to pay my attorneys of petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to | or provide all information & sign my     |
| We will only refund fees not earned. Wisconsin: We will submit any unresolved dispute about the fee to binding art   | o date at nouny rates snown above.       |
| written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection, State Bar of V   | Visconsin P.O. Box 7158 Madison          |
| WI 53/0/ If the we fall to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want the   | at dispute to be submitted to binding    |
| arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the account   | ng. If we are unable to resolve the      |
| dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to  | binding arbitration.                     |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and  | not to cause excessive work; that        |
| more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike sin   | gle attorney "law firms". Change in      |
| circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption la   | ws only protect a limited amount of      |
| property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Tru Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons      | Siee. No guarantee of Discharge:         |
| loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing  | or intentional injury claims, debts      |
| aπer filling including HOA dues; other debts listed in your info folder as usually not discharged. <b>No discharge if you</b>  | u don't take the 2nd educational         |
| course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclose   | sure of all income, expenses, debts.     |
| and assets on my bankruptcy petition as of the date I sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF  | MY PETITION BEFORE I SIGN IT             |
| AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT.  |  |
| 12010  |  |
| Date: 726,18 x 1 1 x   |  |
| Jessica Berry (Debtor) (Joint Debtor)  |  |
|  |  |
| Attorney for the Debtor(s), Representing Geraci Law L.L.C.   | rev 180501                               |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 47 of 57

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Jessica Michelle Berry / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 08/22/2018 /s/ Jessica Michelle Berry

Jessica Michelle Berry

X Date & Sign

Record # 790272 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 790272 B 201A (Form 201A) (11/11) Page 1 of 2

## Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 49 of 57

Form B 201A, Notice to Consumer Debtor(s)

In re Jessica Michelle Berry / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 08/22/2018 | /s/ Jessica Michelle Berry |   |
|-------------------|----------------------------|---|
|                   | Jessica Michelle Berry     | • |
|                   |                            |   |
| Dated: 08/23/2018 | /s/ David Derrick Lugardo  |   |

**Record #** 790272 Form B 201A, Noti

Attorney: David Derrick Lugardo

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Page 50 of 57 Document

Debtor 1 Jessica Michelle Berry Case Number (if known) Last Name Part 6: Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." vou have? ■No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is No. excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? How many creditors do 1-49 1,000-5,000 25,001-50,000 you estimate that you **50-99** 5,001-10,000 50,001-100,000 owe? **100-199** 10,001-25,000 ☐ More than 100,000 □ 200-999 How much do you \$0-\$50,000 \$1,000,001-\$10 million □\$500,000,001-\$1 billion estimate your assets to **\$50,001-\$100,000** ☐ \$10,000,001-\$50 million \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 □ \$50,000,001-\$100 million \$10,000,000,001-\$50 billion ☐ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐More than \$50 billion How much do you \$0-\$50,000 ☐ \$1,000,001-\$10 million □\$500,000,001-\$1 billion estimate your liabilities **\$50,001-\$100,000** □ \$10,000,001-\$50 million ■\$1,000,000,001-\$10 billion to be? \$100,001-\$500,000 □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion □ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Signature of Debtor 2 Executed on Executed on MM / DD / YYY

MM / DD / YYYY

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 51 of 57

| -                   |                      |                                   |           |             |
|---------------------|----------------------|-----------------------------------|-----------|-------------|
| Fill in this in     | nformation to ident  | ify your case:                    |           |             |
| Dalla 4             | Jessica              | ) A:-L-II-                        |           |             |
| Debtor 1            | Jessica              | Michelle                          | Berry     |             |
|                     | First Name           | Middle Name                       | Last Name | <del></del> |
| Debtor 2            |                      |                                   |           |             |
| (Spouse, if filing) | First Name           | Middle Name                       | Last Name |             |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of | ILLINOIS  |             |
| Case Number         |                      |                                   | (State)   |             |
| (If known)          |                      |                                   |           |             |
|                     |                      |                                   |           |             |
|                     |                      |                                   |           |             |

### Official Form 106 Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|                       | Sign Below   |   |             |
|-----------------------|--|---|-------------|
| _                     | ay or agree to pay someone who is NOT an attorney to he    | you fill out bankruptcy forms?  | <del></del> |
| ■ No                  |  |   |             |
| ☐ Yes.                | Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |             |
| Management (1)        |  |   |             |
|                       |  |   |             |
| Under pen<br>correct. | alty of perjury, I declare that I have read the summary an | schedules filed with this declaration and that they are true and                              |             |
| * Signati             | Te of Debtor 1   |   |             |
| Date :                | 8,22200  | ignature of Debtor 2  |             |
| _                     | M / DD / YYYY  | MM / DD / YYYY  |             |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 52 of 57

 Debtor 1
 Jessica
 Michelle
 Berry
 Case Number (if known)

 First Name
 Middle Name
 Lest Name

| Part 12: Sign Below   |   |  |  |
|---|---|--|--|
| I have read the answers on this Statement of Financial Affairs and an answers are true and correct. I understand that making a false statem in connection with a bankruptcy case can result in fines up to \$250,00 18 U.S.C. §§ 152, 1341, 1519, and 3571. | lent, concealing property, or obtaining meney or property by Succeeding |  |  |
| Signature of Debtor 1   | Signature of Debtor 2   |  |  |
| Date  | Date  |  |  |
| MM / DD / YYYY  | MM / DD / YYYY  |  |  |
| Did you attach additional pages to <i>Your Statement of Financial Affairs</i> ■ No ■ Yes  | s for Individuals Filing for Bankruptcy (Official Form 107)?            |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |   |  |  |
| ■No   | ou in out bankruptcy forms (  |  |  |
| Yes. Name of person   | . Attach the Bankruptcy Petition Preparer's Notice,                     |  |  |
|   | Declaration, and Signature (Official Form 119).                         |  |  |
|   |   |  |  |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main

ssica

<u> B∞cumen</u>t

Page 53 Offe 50 The State (if known)

| Debtor 1 | Jes |
|----------|-----|
|          |     |

Part 2:

Middle Name

**List Your Unexpired Personal Property Leases** 

| For any unexpired personal property lease that you listed in Schedule G: Executory Confill in the information below. Do not list real estate leases. Unexpired leases are leases to | ntracts and Unexpired Leases (Official Form 106G),  |
|---|---|
| ended. You may assume an unexpired personal property lease if the trustee does not as   | nat are still in effect; the lease period has not yet<br>ssume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases  |   |
| Lessor's name:  | Will the lease be assumed?  ☐ No  |
| Description of leased property:   | ☐ Yes   |
| property.   |   |
| Lessor's name:  | □ No  |
| Description of leased property:   | ☐ Yes   |
| Lessor's name:  | □No   |
| Description of leased property:   | Yes   |
| Lessor's name:  | □No   |
| Description of leased property:   | □Yes  |
| Lessor's name:  | □No   |
| Description of leased property:   | □Yes  |
| Lessor's name:  | □No   |
| Description of leased property:   | □Yes  |
| Lessor's name:  | □ No  |
| Description of leased property:   | Yes   |
| Part 3: Sign Below  |   |
| der penalty of perjury, I declare that I have indicated my intention about any property of  | my estate that secures a debt and any   |
| rsonal property that is subject to an unexpired lease.  |   |
| Signature of Debtor 1 Signature of Debtor 2   |   |
| Date Dated: Date Date MM / DD / YYYY  | ~   |

## Case 18-23852 DISCLAIMER 08/23/18 Entered 08/23/18 15:11:36 Desc Main

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filling of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filling, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ. CHECK, & MAKE SURE OUR DESTITION IS ACCURATE UNION.

| is filed in Court <b>and we have to read, check, &amp; m</b> Dated:////// | TAKE SURE OUR PETITION IS ACCURATE!!!! | X Date & Sign |
|---|--|---------------|
|   | Jessica Michelle Berry                 |               |
|   |  |               |

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 55 of 57

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Jessica Michelle Berry / Debtor

In re

Bankruptcy Docket #:

Judge:

## **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

| I DECLARE UNDER PE | NALTY OF PERJURY THAT THE FOREGOING IS | TRUE AND CORRECT. |
|--------------------|--|-------------------|
| Dated: 8 / 22/2018 | This                                   | X Date & Sign     |
|                    | Jessica Michelle Berry                 |                   |

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Case 18-23852 Doc 1 Filed 08/23/18 Entered 08/23/18 15:11:36 Desc Main Document Page 56 of 57

| Debtor 1                                | Jessica  | Michelle   | Berry  | Case Number (if known)                   |  |   |
|---|--|--|--|--|--|---|
| *************************************** | First Name                                       | Middle Name  | Last Name  | - In Milestry                            |  |   |
| **************************************  |  |  |  | Debtor 1 De                              | llumn B<br>btor 2 or<br>n-filling spouse |   |
|   | nployment compens                                |  |  | \$0.00                                   | \$0.00                                   |   |
| Do n<br>unde                            | ot enter the amount in<br>r the Social Security  | f you contend that the amount<br>Act. Instead, list it here:   | received was a benefit   |  |  |   |
| For                                     | /ou  |  |  |  |  |   |
| For                                     | our spouse                                       |  |  |  |  |   |
| 9. <b>Pen:</b><br>bene                  | sion or retirement in<br>afit under the Social S | come. Do not include any amo<br>Security Act.                  | ount received that was a   | \$0.00                                   | \$0.00                                   |   |
| Do n                                    | of include any benefi<br>victim of a war crime   | , a crime against humanity, or                                 | Security Act or payments received  |  |  |   |
| 10a.                                    |  |  |  | \$0.00 \$                                | 0.00                                     |   |
| 10b.                                    |  |  |  | \$ 0.00                                  | \$0.00                                   |   |
| 10c.                                    | Total amounts from s                             | eparate pages, if any.   |  | \$0.00                                   | \$0.00                                   |   |
| 11. Calc                                | ulate your total curre                           | ent monthly income. Add line all for Column A to the total for | s 2 through 10 for each  | \$4,580.62 +                             | \$0.00 =                                 | \$4,580.62                              |
|   |  | . To Column / Co the total for                                 | Column B.  |  |  | Ψ-,000.02                               |
| Part 2:                                 | <b>-</b>   |  |  |  |  |   |
|   |  | ther the Means Test Applies to                                 |  |  |  |   |
| 12. Calci<br>12a.                       | Copy your total curr                             | onthly income for the year. F<br>ent monthly income from line  | ollow these steps:<br>11   | Comulina 44 hazar                        | 40                                       |   |
|   |  | number of months in a year).                                   |  | Copy line 11 nere                        | 12a                                      | \$4,580.62                              |
| 12b.                                    |  | nnual income for this part of th                               | e form.  |  | 405                                      | x 12                                    |
|   |  | ily income that applies to yo                                  |  |  | 12b.                                     | \$54,967.44                             |
|   |  |  | u. I ollow these steps.  |  |  |   |
| Fill in                                 | the state in which yo                            | u live.  | <u> </u>   |  |  |   |
| Fill in                                 | the number of people                             | e in your household.   | 2  |  |  |   |
| 10 111                                  | a list of applicable i                           | median income amounts, do o                                    | f householdnline using the link specified in the so<br>at the bankruptcy clerk's office. | eparate                                  | 13.                                      | \$68,687.00                             |
| 4. <b>How</b> (                         | lo the lines compare                             | 27   |  |  |  |   |
| 14a.                                    | x Line 12b is less that<br>Go to Part 3.         | an or equal to line 13. On the t                               | op of page 1, check box 1, There is  | no presumption of abuse.                 |  |   |
| 14b. [                                  | Line 12b is more the                             | nan line 13. On the top of page                                | e 1, check box 2, The presumption o  | f abuse is determined by Form 122A-2.    |  |   |
| Part 3:                                 | Sign Below                                       |  |  |  |  | -                                       |
|   | By signing here. I the                           | clare under penalty of periupy                                 | that the information on this statemen  | t and in any attachments is true and con |  |   |
|   |  |  | you are mornauon on this statemen  | t and in any attachments is true and con | ect.                                     |   |
|   | Je   | ssica Michelle Berry   |  |  |  | *************************************** |
|   | $\mathcal{Q}_{i}$                                | 27   | <i>a</i>   |  |  | *************************************** |
|   | Date::/_   | LL /2018   |  |  |  | *************************************** |
|   | f you checked line 14                            | 4a, do NOT fill out or file Form                               | 122A-2.  |  |  |   |
| 1                                       | f you checked line 14                            | tb, fill out Form 122A-2 and fil                               | e it with this form  |  |  | *************************************** |

Document

Page 57 of 57

Form B 201A, Notice to Consumer Debtor(s)

In re Jessica Michelle Berry / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 8/22/2018

Jessica Michelle Berry

X Date & Sign

Dated: 8 /23/2018

Attorney: